

## CITY OF FRANKLIN, NEW HAMPSHIRE

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## EMPLOYEE NAME AND/OR ADDRESS CHANGE FORM

DATE:

DEPT:

**EFFECTIVE DATE:** 

NAME:

NEW NAME: Reason for Name Change: copy of correct social security card required for change of name

PREVIOUS ADDRESS:

**NEW ADDRESS:** 

EMPLOYEE SIGNATURE:

**PROCESSED BY (Finance Personnel only):** 

\*\*\*\* BY INITIALING COMPANIES BELOW YOU GIVE PERMISSION FOR THE ABOVE CHANGES TO BE APPLIED TO THE FOLLOWING COMPANIES IN WHICH THE CITY CARRIES COVERAGE TO ITS EMPLOYEES. SHOULD A CHANGE OF BENEFICARY BE INVOLVED PLEASE SEE MELISSA NEWTON FOR THE PROPER DOCUMENT. \*\*\*\*

DAVIS & TOWLE – BOSTON MUTUAL (AD&D, LIFE INSURANCE, STD, LTD)
DAVIS & TOWLE – MUTUAL OF OMAHA (AD&D, LIFE INSURANCE, STD, LTD)
NHIT medical, ANTHEM, dental, &/or Benefit Strategies, flexible benefits
NHRS - NEW HAMPSHIRE RETIREMENT SYSTEM

Franklin - The Three Rivers City

PHONE:

PHONE: