



## Department of Military & Veterans Affairs Employee Name/Address Change Form

**Name Change**    **Effective Date** \_\_\_\_\_

\*If you have a legal name change, a copy of your new social security card must be attached to this form before a change in our system is completed. You may also want to inquire about changing beneficiary designations.

**Address Change**    **Effective Date** \_\_\_\_\_

### New Information:

**Employee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Please send completed form to Human Resources, Revere Location, Suite 260**

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**Other employment-related contacts that you may need to update your name/address information as well:**

<b>Great-West Health Care</b>	<b>1-888-788-6326</b>
<b>Kaiser Permanente HMO</b>	<b>1-800-632-9700 or 303-338-3800</b>
<b>Delta Dental</b>	<b>1-800-489-7168</b>
<b>Standard Insurance (Disability)</b>	<b>1-800-252-5577 or 303-759-8702</b>
<b>PERA</b>	<b>1-800-759-7372 or 303-832-9550</b>
<b>Great-West Retirement (State DC)</b>	<b>1-800-838-0457</b>
<b>Hartford</b>	<b>303-645-8513 or 1-800-525-7418</b>
<b>ICMA</b>	<b>720-851-1869 or 1-866-749-5178</b>