

## **NAME CHANGE**

This form will update your name for payroll and insurance purposes. You are responsible to report your name change directly to OPERS.

A copy of your new social security card or other proof of legal name change is required to be submitted with this form.

Return this completed form to your payroll officer.

New Name: \_\_\_\_\_

Previous Name: \_\_\_\_\_

Department: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_ Employee Signature \_\_\_\_\_ Date

Return original form to the Auditor's Office  
Copy Insurance Group Rep to include with monthly insurance report  
Retain a copy for employee personnel file