

Marysville Exempted Village School District

EMPLOYEE NAME CHANGE FORM

If your name, address, phone number or email has changed it is your responsibility to notify SERS:866-280-7377 or STRS:888-227-7877.

NOTE: For all name changes; it is FEDERAL LAW that your payroll record read exactly as your Social Security Card. Your information will not be changed in any system until your new Social Security Card is on file with HR/Payroll.

Name Change - Complete **ONLY** if your name has changed.

| | | | |
|--|------|-------|--------|
| Former Name | Last | First | Middle |
| New Name | Last | First | Middle |
| Effective Date for Change: _____/_____/_____ | | | |

For Name Changes on Insurance Coverage:

Your signature on this form, along with your new social security card, authorizes Marysville Schools to officially change your name on any medical, dental, vision or life insurance coverage you have enrolled through the Marysville Exempted Village School District.

Please state reason for name change: _____

(i.e. marriage, divorce, etc.)

Signature _____

Date _____

If you are adding dependents or a spouse to your medical, dental and/or vision insurance you must enroll them **NO LATER than 31 days** from the time of the qualifying event.

Please use the Benefit Solver system to make coverage changes.

If you have an FSA and/or VEBA account through Genesis you will need to login to your account at <http://www.genesisbenefits.net> to make all name, address, phone and/or email changes.

RETURN COMPLETED FORM TO HUMAN RESOURCES

For Office Use Only:

- Peoplewerks - name/email address
- Benefit Solver
- Insurance Spreadsheet
- Contract Spreadsheet
- Seniority List
- Service List
- ID Badge (Bus. Services)
- Labels