

SCOTCH PLAINS-FANWOOD BOARD OF EDUCATION

**PERSONNEL INFORMATION CHANGE NOTICE**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Name of Health Plan \_\_\_\_\_ DPP  PPO  or HMO  (please check one)

This form is to be completed and forwarded to the **PERSONNEL OFFICE** anytime there is a potential change in an employee’s benefit status or if there is a change of address.

This form will not change information for Payroll Federal and State taxes. A W-4 form must be requested from the Payroll Office.

Please check appropriate box and complete information below:

1. Name Change                      2. Address Change                      3. Dependent Change

**1. NAME CHANGE:**

\_\_\_\_\_ (current name on file)                      \_\_\_\_\_ (revised name)

**2. ADDRESS CHANGE:**

Current Address:

New Address:

\_\_\_\_\_ (street)                      \_\_\_\_\_ (street)  
\_\_\_\_\_ (town) (state) (zip)                      \_\_\_\_\_ (town) (state) (zip)  
\_\_\_\_\_ (phone number)                      \_\_\_\_\_ (phone number)

**3. DEPENDENT CHANGE:**

**A. ADD:**

\_\_\_\_\_ (name)                      \_\_\_\_\_ (date of birth)                      \_\_\_\_\_ (social security number)  
\_\_\_\_\_ (name)                      \_\_\_\_\_ (date of birth)                      \_\_\_\_\_ (social security number)  
\_\_\_\_\_ (name)                      \_\_\_\_\_ (date of birth)                      \_\_\_\_\_ (social security number)

**B. DELETE:**

\_\_\_\_\_ (name)                      \_\_\_\_\_ (date of birth)                      \_\_\_\_\_ (social security number)  
\_\_\_\_\_ (name)                      \_\_\_\_\_ (date of birth)                      \_\_\_\_\_ (social security number)

**NOTE TO FEMALE STAFF WHO GET MARRIED:**

**Check List:**

- Fill out personnel form with new information.
- Contact bookkeeping office for new W-4 form.
- Contact Social Security office for name change. Send copy of new card to payroll. (Name change cannot be installed on payroll records until new card is received.)
- Contact Division of Pensions for name change.
- Contact NJEA office for name change.
- Contact credit union for name change.
- Change of beneficiary forms: Pension Form available from bookkeeping. Tax Shelter Form must be requested of tax shelter company.

