

**CHANGE OF NAME, ADDRESS OR PHONE NUMBER  
DEACONESS HEALTH SYSTEM  
Evansville, Indiana 47747**

**PLEASE PRINT**

I.D. NO \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

FORMER NAME (if changing) \_\_\_\_\_ NEW PHONE \_\_\_\_\_

REASON FOR NAME CHANGE: Marriage \_\_\_\_ Divorce \_\_\_\_ **\*Please provide copy of legal document for any name changes**

NEW ADDRESS: STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<b>Are you in the Step-Up Program?</b>	<b>Yes</b>	<b>No</b>
<b>Do you receive Tuition Reimbursement?</b>	<b>Yes</b>	<b>No</b>
<b>Are you a Quarter Century Club Member?</b>	<b>Yes</b>	<b>No</b>
<b>Are you making changes to your benefits?</b>	<b>Yes</b>	<b>No</b>

**Reminder: Please notify the Centurion Federal Credit Union if you have an account with them.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

For Office Use Only											
<input type="checkbox"/>	Update Lawson	<input type="checkbox"/>	SB Update Buffer	<input type="checkbox"/>	Labels	<input type="checkbox"/>	Send E-mail	<input type="checkbox"/>	Paperwork to PP	<input type="checkbox"/>	Paperwork to KH

**IF CHANGES TO BENEFITS ARE NEEDED (i.e. Marital Status Change):**

1. Log on to Empowered Benefits to make changes to your benefits, including adding/dropping dependents or changing coverage level.
2. To access the Empowered Benefits website:
  - Log on to [www.deaconess.com](http://www.deaconess.com)
  - Click on “For Our Employees”
  - Click on “Empowered Benefits” under the Your Benefits section.
  - You will then use the given formula to enter your Username and Password.
3. Turn in legal documentation (marriage certificate/divorce decree) within **31 calendar days** beginning with the day of the event.
4. Documentation for benefit/information changes may be faxed to Human Resources at **450-2354**.
5. For further assistance, please contact the Benefits Section of Human Resources at **450-3314**.