

Name Change Request

PLEASE PRINT

EMP ID # _____ DEPARTMENT _____ EFFECTIVE DATE ____/____/____

NEW NAME: Last _____ First _____ MI _____

PREVIOUS NAME: Last _____ First _____ MI _____

Reason for Name Change (Check One): Marriage Divorce Other (Explain) _____

Are you making changes to your benefits? Circle one: Yes No

Attach a copy of the legal document supporting your name change. Examples include the following: marriage license or certificate, signed divorce decree, social security card. (Divorce decrees must have court stamp and judge's signature.)

SIGNATURE: _____ DATE: ____/____/____

Email this form and legal document to _HR Name Changes or fax to Human Resources @ 812-450-2354

Use the Checklist below to help you with other name change actions.

If you need to make changes to.....	You should...
Benefits (medical, dental, vision, etc.) MUST BE COMPLETED WITHIN 31 DAYS of the qualifying event (marriage, divorce, etc.)	Log on to deaconess.com. Select For You/Employees/Employee Benefit Resources/Empowered Benefits-Employee Insurance Enrollment For benefits assistance, please contact 812-450-2025.
Life Insurance Beneficiary	Log on to deaconess.com. Select For You/Employees/Employee Benefit Resources/Empowered Benefits-Employee Insurance Enrollment
Addresses, Phone Numbers and/or Emergency Contacts	Log on to ADP Self Service www.portal.adp.com Click on Personal Information and make changes.
Direct Deposit, State and/or Federal Tax Withholding	Log on to ADP Self Service www.portal.adp.com Click on Pay & Taxes and make changes.
ID Badge	Complete an ID Badge/Access Request Form found on DWeb/Online Forms /Human Resources-Employment. Email completed form to <u>_Badge Access</u> For questions contact 812-450-2053
401k Plan Beneficiary	Call Fidelity at 800-343-0860 or visit their website www.fidelity.com/atwork
Professional Licenses/Certifications MUST BE COMPLETED WITHING 90 DAYS of the name change.	Contact the Indiana Professional Licensing Agency (PLA) and/or all other applicable agencies.

For HR Use Only (Initial)

_____ Update EVS _____ Update Buffer _____ Labels _____ Send Email _____ PPW to PP

Questions: Human Resources at 812-450-2359