

**CITY OF KETTERING
CHANGE OF NAME, ADDRESS AND/OR BENEFICIARY**

Name: _____ Social Security #: _____

CHANGE OF NAME:

From: _____ To: _____

CHANGE ADDRESS FROM:

Street Address: _____ Telephone: _____

City & State: _____ Zip Code: _____

CHANGE ADDRESS TO:

Street Address: _____ Telephone: _____

City & State: _____ Zip Code: _____

Public School District: _____ (Needed for tax purposes)

CHANGE OF MARITAL STATUS:

Married () Divorced () Legally Separated () Date: _____

CHANGE MEDICAL AND/OR DENTAL INSURANCE PLAN/COVERAGE TO:

Family () Single ()

CHANGE BENEFICIARY ON:

Life Insurance () ½ Sick Leave Benefits ()

Name _____ Date of Birth _____

Street Address _____ Social Security # _____

City & State _____ Zip Code _____

NOTIFY IN CASE OF EMERGENCY:

Name _____ Relationship _____

Street _____ Telephone _____

Business Address _____ Business Phone _____

EMPLOYEE SIGNATURE _____ **DATE** _____