



CITY OF KETTERING

DEPARTMENT OF HUMAN RESOURCES

Change of Name, Address, and/or Beneficiary Form

In order to update your personnel record and contact information with the health and life insurance vendors, complete this form. Note, you must supply an original Social Security Card for HR to process any name change.

Employee Information			
Last Name	First Name	MI	Social Security Number
New Name (Complete for name change only)			Reason for Change (attach legal documents if applicable)
Change of Marital Status (if applicable) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated		Date of Change in Marital Status (if applicable)	

Change of Address			
Street Address	City	State	Zip Code
Telephone ()	Email Address (optional)		

Beneficiary Designation for City Provided Life Insurance & Sick Leave Payment			
Last Name	First Name	MI	Relationship to Employee
Address	City	State	Zip Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number	

Emergency Contact Information			
Last Name	First Name	MI	Relationship to Employee
Address	City	State	Zip Code
Daytime Phone	Alternate Phone		

By signing below, I authorize the above changes to my personnel record. I understand this form will change my information with Human Resources, Payroll, Medical, Dental, Vision, HSA/HRA, and/or Life Insurance.

It is my responsibility to contact my retirement vendor(s) directly to request name and/or beneficiary designation changes.

Ohio Public Employees Retirement System – 800.222.7377 – www.opers.org
Ohio Police and Fire Pension Fund – 888.864.8363 – www.op-f.org
Ohio Deferred Compensation – 877.644.6457 – www.ohio457.org
ICMA – 800.669.7400 – www.icmarc.org

Employee Signature	Date
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