

**AUTHORIZATION TO CHANGE ADDRESS OR
ADD A DEPENDENT TO INSURANCE**

NAME OF EMPLOYEE: _____

NEW ADDRESS: _____

PHONE NUMBER: _____

EFFECTIVE DATE: _____

ADD OR DELETING DEPENDENT

DEPENDENT NAME: _____

ADD _____ **DELETE** _____
(CHECK EITHER BOX)

SOCIAL SECURITY: _____

DATE OF BIRTH: _____

I authorize the Treasurer's Office to make the above changes

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Please submit changes to Cathy Spinoso or Diane DiSanto. Thank you.

TREASURER'S OFFICE SIGNATURE: _____ **DATE** _____