



Employee Change Form

Employee Name: First Name: _____ Last Name: _____

Former Name: First Name: _____ Last Name: _____

Department: _____ Position: _____

☐ Social Security Card Attached

Old Residential Address

Address: _____

City/Town: _____

State: _____ Zip: _____

Telephone: _____

New Residential Address

Address: _____

City/Town: _____

State: _____ Zip: _____

Telephone: _____

Old Mailing Address

Address: _____

City/Town: _____

State: _____ Zip: _____

Telephone: _____

New Mailing Address

Address: _____

City/Town: _____

State: _____ Zip: _____

Telephone: _____

Signature: _____

(Invalid unless signed by you)

Date: _____

For H.R. Department Use Only

_____ MMEHT

_____ ICMA 457

_____ Finance Department

_____ Ameritas Dental

_____ VOYA 457

_____ LD1021 (if applicable)

_____ Maine PERS

_____ Group Dynamics

_____ Other _____

(2022)