



Town of Glastonbury, CT
Human Resources

Employee Information Change Form

Name: _____

New Address: _____

New Phone : _____

Do you have? ConnectiCare Anthem ICMA

Name Change

Marriage

Divorce

Other

New Name: _____

Note: Please attach a copy of your new Social Security Card to this form. Name changes will not be processed without receipt of Social Security card indicating this new change in your name.

Other:

Signature

Date

Complete and return to Human Resources

For Human Resources Use

Munis Updated: _____

ICMA updated: _____

CTCare updated: _____

Anthem updated: _____

Copy to Payroll: _____