



Town of Glastonbury, CT Human Resources

Employee Information Change Form

Name: _____

New Address: _____

New Phone : _____

You will need to contact the respective health insurance companies, in addition to ICMA and Group Dynamics (Medical and/or Dependent Reimbursement Account).

Name Change

Marriage

Divorce

Other

New Name: _____

We will notify the following companies of your name change. Please check all that are applicable: ConnectiCare Anthem Delta Dental ICMA

Group Dynamics (Medical and/or Dependent Reimbursement Account)

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

Other:

Signature

Date

Complete and return to Human Resources

For Human Resources Use

Munis Updated: _____ Copy to Payroll: _____

If Name Change also notify _____ AETNA _____ IT _____ Info Center