

Name/Address Change Checklist for Classified & Certified Employees

Below is a list of forms that classified and certified employees are required to complete for a name change or change of address. An employee that is changing their name is also required to provide a copy of their new social security card and a copy of their marriage license or divorce decree. Classified employees should submit their information to Dorothy Vodicka in Human Resources and certified employees should submit their information to Nicole Brenzewski in Human Resources.

Name Change Forms for Classified Employees

- IMRF Member Information Change Form
- W-4 Form
- Group Health & Dental Insurance Enrollment Form (this form should only be completed by employees who have district insurance)
- Sun Life Beneficiary Form (this form should only be completed by employees who have district life insurance)

Change of Address Forms for Classified Employees

- IMRF Member Information Change Form
- Health and Dental Insurance Address Change Form

Name Change forms for Certified Employees

- TRS – Member Information and Beneficiary Designation Form
- W-4 Form
- Group Health & Dental Insurance Enrollment Form (this form should only be completed by employees who have district insurance)
- Sun Life Beneficiary Form (this form should only be completed by employees who have district life insurance)

Change of Address Forms for Certified Employees

- TRS – Change of Address Form
- Health and Dental Insurance Address Change Form