

# HUMAN RESOURCES

## NAME & ADDRESS CHANGE INFORMATION

In addition to submitting this form to the Human Resources Office, employees must do the following:

- Human Resources will update address changes and name changes through Blue Cross/Blue Shield and Delta Dental for employees enrolled in Delta’s health and/or dental insurance plans.
- Employees requesting a name change must also submit a new Social Security Card that reflects the new name. You can contact the Social Security Office at 1-800-772-1213 or visit their [website](#).
- Employees enrolled in TIAA-CREF must call 1-800-842-2776.
- Employees enrolled in MPSERS will need to log into their MiAccount to update their personal information.
- Employees who are also current Delta students should contact the [Registrar’s Office](#) if In-District or Out-of-District status has changed.

**NAME CHANGE (See Requirement Above)**

Former Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Email Address: Please check box if you would like your email address changed

**ADDRESS CHANGE**

Former Address: \_\_\_\_\_

Former Phone: \_\_\_\_\_

New Address: \_\_\_\_\_

New Phone: \_\_\_\_\_

**Former or New Saginaw Residents ONLY:** In accordance with the City of Saginaw Income Tax Ordinance, all Delta College employees who are residents of the City of Saginaw are required to have city income tax withholdings from their payroll and must complete a Form [SW-4 Withholding Certificate](#).

- Check this box if your new address is within the City of Saginaw. Employee must complete a new SW-4 form and return to Human Resources
- Check this box if your former address was within the City of Saginaw and new address is no longer within the city for Human Resources to end your City of Saginaw withholdings.

Employee ID: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

HR OFFICE USE:

	NAE	Dental	BCBS	
NAME Change:	I-9	BNDS File	Personnel File	Preferred Name /Name Change