



KITSAP COUNTY PERSONNEL NAME / ADDRESS CHANGE

NAME CHANGE

You must change your name with Social Security prior to submitting this form and attach a receipt from the Social Security Administration or a copy of your new card.

(PLEASE PRINT)

Address Book Number or Social Security Number: _____

Previous Name: _____
Last First Middle Initial

New Name: _____
Last First Middle Initial

Personnel Use Only (please initial in box) DRS Zenith JDE Kronos History Card

ADDRESS CHANGE (EFFECTIVE DATE ____/____/____)

(PLEASE PRINT)

Address Book Number or Social Security Number: _____

Name _____
Last First Middle Initial

Old Address: _____
Street Address or PO Box

City State Zip Code

New Address: _____
Street Address or PO Box

City State Zip Code

New Home Phone Number: (_____) _____ - _____

Do your dependents have the same new address? Yes No

Personnel Use Only
(please initial in box) DRS Zenith JDE Premera (if applicable)

Please return this form to Personnel @ MS#23

If your Emergency Contact Information has changed, please submit an Emergency Contact Notification form.

It is the employee's responsibility to notify providers of new name and/or address information.

Group Health

- o On-line access? Log in at www.ghc.org to change your information
- o Call customer service at 1-888-901-4636.

Medical & Dental Offices – contact your providers directly (physicians, specialists, chiropractors, dentists, etc.)

Deferred Compensation

Contact your deferred compensation representative. Email and contact phone numbers are available on Personnel's Intranet page.

Tracking who you have contacted:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

THIS PAGE IS FOR YOUR INFORMATION ONLY.

PLEASE DO NOT RETURN THIS PAGE TO PERSONNEL.