Employee Name Change/ Marital Status Change Request Form

(Please type or print legibly)

Note: This form is to be used for name changes only. Name changes must be submitted to the Human Resources Office.

Section A.

Old Name: _____

(Last Name) (First Name) (Middle Initial)

Employee Banner Id #:_____

Date of Birth: _____ **E-mail Address:** _____

Phone Number: _____ **Type: Home**_____ **Mobile**_____ **Work**_____

Section B.

New Name: _____

(Last Name) (First Name) (Middle Initial)

_____ _____

Employee/ Student Signature Date

A LEGAL DOCUMENT MUST BE PRESENTED TO INITATE A NAME OR MARTIAL STATUS CHANGE

_____Marriage Certificate or Divorce Papers
_____ Social Security Card
_____Certified Copy of Court Order
_____ Other: _____

This form will change the Name on your payroll records ONLY. Submit form to the Office of Human Resource, Carlton J. Barber Administration Building Lower Level, for processing.

For the following benefits, please update your Name by contacting the vendor directly:

Benefit Vendors Contact Information	
State Health Plan	https://shp-login.hrintouch.com
NCFlex (dental, vision, flex spending, NCFlex life, AD&D, critical illness, cancer)	https://shp-login.hrintouch.com
TIAA-CREF ORP or 403(b)	877-267-4505
Fidelity ORP or 403(b)	800-343-0860
Valic ORP	800-448-2542
Lincoln Financial ORP	866-419-7202
Prudential 401(k) & 457	866-627-5267
Teachers' and State Employees' Retirement System (TSERS)	877-627-3287
Liberty Mutual Long Term Disability	888-440-6118
Standard Long Term Disability	800-368-1135
Legal Shield (pre-paid legal services)	800-654-7757

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