



Town of Marblehead

Change of Address / Name Form

Effective Date: _____

Employee Social Security Number: XXX-XX-_____

Employee Name: _____

New Address: _____

New Telephone Number: _____

Department: _____

*Name Change: _____

Old Name: _____

Reason for Change: _____

***Please attach legal documentation for change**

Employee Signature: _____

For Payroll Office Use Only

☐ GIC

☐ VOYA

☐ Altus Dental

☐ Boston Mutual