



# Dependent Name Change Form

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

Dependent Spouse or Child New Legal Name: \_\_\_\_\_

Dependent Spouse or Child Former Name: \_\_\_\_\_

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return form to Employee Benefits in HR Department.

Health insurance and other applicable systems will be updated once the form is processed.

## Employer Use Only

FIMS effective date: \_\_\_\_\_ HR Representative: \_\_\_\_\_ Date entered in FIMS: \_\_\_\_\_ EE# \_\_\_\_\_

Tracking List:  Benefits/Insurance systems update (if applicable):  \_\_\_\_\_