



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): _____