

GROSSMONT UNION HIGH SCHOOL DISTRICT

CHANGE IN PERSONNEL RECORDS

Please print legibly

Name:		Employee ID #:	
Date:		Signature:	

Name Change - Attach Copy of New, Signed Social Security Card

Old Name:	
New Name:	

Address and/or Telephone Change

Number/Street:	
City, State, Zip:	
New Phone:	()

BENEFIT OFFICE USE ONLY

<input type="checkbox"/> Kaiser - Active <input type="checkbox"/> United Healthcare HMO - Active <input type="checkbox"/> Alliance or SIMNSA - Active (circle one) <input type="checkbox"/> Delta Dental - Active <input type="checkbox"/> Vision Service Plan (VSP) - Active	<input type="checkbox"/> Kaiser - Retiree <input type="checkbox"/> United Healthcare HMO - Retiree <input type="checkbox"/> Alliance or SIMNSA - Retiree (circle one) <input type="checkbox"/> Delta Dental - Retiree <input type="checkbox"/> Vision Service Plan (VSP) - Retiree
<p>TO BE COMPLETED BY BENEFITS OFFICE ONLY AND FOR INSURANCE CARRIER PURPOSES</p> <p>SSN: _____</p>	<input type="checkbox"/> Unum Long Term # 541673 <input type="checkbox"/> Cigna (VTL) Worksheet (Name change only) <input type="checkbox"/> BCC Name Change BB1084

HUMAN RESOURCES USE ONLY

<input type="checkbox"/> Copy to Payroll	<input type="checkbox"/> Copy to CSEA <input type="checkbox"/> Copy to GEA <input type="checkbox"/> Copy to SEIU	<input type="checkbox"/> PERS/STRS <input type="checkbox"/> PeopleSoft Address/Phone Change <input type="checkbox"/> PeopleSoft Name Change (2)
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