

# MACOMB COUNTY

## Human Resources and Labor Relations Department

1 South Main Street, 6<sup>th</sup> Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

### **NAME CHANGE REQUEST**

**Active Employee**       **DROP Employee**       **Former Employee**       **Retiree**

By submitting this form, Human Resources and Labor Relations will only update our HRLR system and healthcare providers. You must complete the name change process for any and all voluntary benefits with each provider you participate with, such as BASIC.

**Previous Name:** \_\_\_\_\_

(Please Print)

**New Name:** \_\_\_\_\_

(Please Print)

Employees requesting a name change must submit this form to Human Resources and Labor Relations along with official documentation to support the name change. Requests received without supporting documentation will not be processed.

**Documentation Attached (one document from List A and two documents from List B):**

#### **List A**

- Marriage License
- Divorce Decree (with name change)
- Court Order

#### **List B**

- Michigan Driver's License (with name change)
- Michigan State I.D. (with name change)
- U.S. Social Security Card (with name change)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Employee ID or SSN #:** \_\_\_\_\_

**To be completed by HRLR:** Log date of when completed and initial

<b>Carrier Name</b>	<b>Entered Date Stamp</b>	<b>Initial</b>
Debit Card: _____	_____	_____
HRLR System: _____	_____	_____
Medical Provider: _____	_____	_____
Dental Provider: _____	_____	_____
Vision Provider: _____	_____	_____
Hearing Provider: _____	_____	_____

Vanguard 457b, ever a participant:  No  Yes Fax to Vanguard (484) 582-2929 – Attach fax confirmation & file

Email Position Control: \_\_\_\_\_ Processed Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Color Bar: \_\_\_\_\_ I-9: \_\_\_\_\_ Yellow Card: \_\_\_\_\_