

Return form to Controller's/Payroll Office:

Guggenheim 224 · 1500 Illinois St. · Golden, CO 80401

Change of Address/Name Form

(Please	e Print Legibly)
Name:	CWID:
New N	ame: (Requires new Social Security Card and I-9 Update) (If name change affects benefits, you will need to provide proof of change)
New A	ddress:
Teleph	one Number Home: Cell:
(Please	e Check One)
	Students - ALL <u>Students</u> must notify the Registrar's Office of name changes
	☐ Undergraduate ☐ Graduate
	Classified Staff – You may change your address with PERA on the COLORADO PERA website https://www.copera.org/colorado-pera or please request a PERA change of address form.
	Faculty Retirement Accounts: If PERA member please change your address on the COLORADO PERA website https://www.copera.org/colorado-pera or request a PERA change of address form. If MDCP participate, log onto VALIC site and update your information.
Faculty addres	r: Please check appropriate box IF you would like the HR Department to change your s with: Anthem Medical/Dental/Vision Insurance 24Hour Flex
	EMPLOYEES ARE RESPONSIBLE FOR NOTIFYING YOUR JNTARY RETIREMENT PLAN PROVIDERS (403B/457)
Empl	oyee Signature: Date: