



**WILLIAM
PATERSON
UNIVERSITY**

OFFICE OF HUMAN RESOURCES • COLLEGE HALL
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Employee Address and/or Name Change Request Form

Effective Date of Change: _____

Name: _____

Title: _____

Banner ID Number: _____

Pension Plan: ABP PERS PFRS TPAF None Pension Member #: _____

Name Change: *(Evidence of name change must be provided, i.e., Social Security Card, Divorce Decree)*

New Name: _____

Address Change:

New Address: *(Street)* _____

(Apt/Unit #) _____ *(City)* _____

(State) _____ *(Postal Code)* _____ - _____

Telephone Number: (_____) _____ - _____ *(please provide even if unchanged)*

If you have health, dental and/or prescription drug coverage you must call the Division of Pensions and Benefits Client Services Department at (609) 292-7524 to change your address with your health plan providers.

Signature

Date

Human Resources Use Only:

- Copies to: Division Pensions and Benefits
 Payroll and Benefits Department