

**NC DEPARTMENT OF ADMINISTRATION  
PAYROLL UNIT #002**

**NAME AND ADDRESS CHANGE FORM**

**NAME CHANGE**

Current Name Listed:

NAME: \_\_\_\_\_  
(Last) (First) (Initial)

Name Change (Attach Copy of Social Security Card – *Request will not be processed without it*)

NAME: \_\_\_\_\_  
(Last) (First) (Initial)

**ADDRESS CHANGE**

**CURRENT**

**NEW**

STREET: \_\_\_\_\_

\_\_\_\_\_

P.O. BOX: \_\_\_\_\_

\_\_\_\_\_

APT: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

\_\_\_\_\_

STATE/ZIP CODE: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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Attach the following forms and forward packet to your Personnel Contact located in your division.

- |  |                            |
|--|----------------------------|
| 1. Employment Eligibility Verification (I-9)             | 5. NC Flex Status Change   |
| 2. Retirement System Change Form (Name Change)           | 6. Savings Bond            |
| 3. Dental Change Form for Post Tax Plans (If Applicable) | 7. Health Plan Change Form |
| 4. Supplemental Retirement Income Plans (If Applicable)  | 8. Other: _____            |

**For Official Use Only:**

Name Change:	_____ Benefits Administrator	_____ Salary Administrator	_____ Payroll
Address Change:	_____ Benefits Administrator	_____ Payroll	