



RBOE Employee NAME/ ADDRESS/ PHONE Change Form

SUBMIT In-Person: Department of Payroll & Benefits
710 Locust Street
Roselle, NJ 07203

Please check off any applicable:

NAME Change ONLY **ADDRESS Change ONLY** **NAME & ADDRESS Change** **PHONE #**

NAME Change:

EMPLOYEE SOCIAL SECURITY NUMBER: _____

EMPLOYEE NAME

OLD NAME: _____

NEW NAME: _____

ADDRESS Change:

NEW ADDRESS: _____ Apt /Floor/Unit _____

(City)

(State)

Zip)

NEW HOME PHONE: _____
(Area Code) (Number)

Please change my name with the following agencies which I am enrolled:

Horizon Health Plan

Delta Dental

Division of Pension & Benefits

PROOF OF LEGAL NAME CHANGE:

Marriage Certificate

Divorce Decree

Social Security Card

Employee Signature & Date

Payroll/Benefit Signature & Date

Note: You must submit legal proof of name change at the time you make your request.