



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: _____

Job Title: _____

Banner ID: _____

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 are covered under the State Health Benefits Plan you must update your address in [Benefitsolver](#).

If you are in the Alternate Benefit Program (ABP) pension system or have supplemental tax shelter deduction in the 403(b) or ACTS plans you must also change your address with your [investment vendor](#).

If you are enrolled in the Unreimbursed Medical Plan or the Dependent Care Plans you must contact [HorizonBlue](#) to update your address.

Signature

Date

Human Resources Use Only:

Copies to: Payroll and Benefits Department