



## EMPLOYEE INFORMATION CHANGE

Please complete all areas checking changes that apply and **return to the Benefits Office**  
OE submit changes electronically on My Benefits website

Employee's Building: \_\_\_\_\_

Employee's Position: \_\_\_\_\_ Effective date of change: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_  
Last Name First Name Middle Name

Previous Name (if changed): \_\_\_\_\_

***For a name change a copy of the new Social Security card reflecting name change is required.***

ADDRESS: \_\_\_\_\_  
Street Address Apt. No.

\_\_\_\_\_ City State Zip +4

TELEPHONE: (\_\_\_\_) \_\_\_\_\_  UNLISTED TELEPHONE  
Area Code

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If your name change is a result of:

- Marriage
- Divorce
- Adoption

Please contact the Business Office as the following may be affected

Payroll:

1. Direct Deposit
2. Tax Forms – Federal W-4, State, Local (KC earnings tax for KC Mo residents)

Benefits: (Any changes in benefits as a result of a change in family status must be made online within 30 days of occurrence). Please contact the Benefits Department directly for help with this.

1. Health
2. Dental
3. Vision Insurance
4. Board paid and voluntary Life insurance
5. Section 125 flexible spending plan

Others: (contact directly for changes)

1. Credit Union (816) 521-2736
2. PSRS/PEERS (name, address, beneficiaries) (800) 392-6848