



**Town of Hanover  
Employee Change of Address/Name Form**

**Address Change:** To change your address you must complete this form and forward it to the Payroll & Benefits Department at the Salmond School, 188 Broadway.

**Name Change:** To change your name you must complete this form, attach the following documents and forward all to

- the Payroll Department at Salmond School:
- a certified marriage certificate or a certified divorce decree
- a social security card referencing your new name
- revised tax forms (W4 and M4) which are available online at <http://www.hanover-ma.gov/payrollbenefits-office/pages/miscellaneous-employee-forms>
- **\*School Department Employees** - written notification of your name change from the Department of Education. The forms needed to request the change are available online at <http://www.hanover-ma.gov/payrollbenefits-office/pages/miscellaneous-employee-forms>
- PLEASE NOTE: If your marital status has changed, you only have 30 days to reflect the change in your health and/or dental coverage so you must report to the Payroll & Benefits Office at the Salmond School as soon as possible. Failure to do so may result in ineligibility and/or a denial of claims.

**Please check all of the boxes that correspond to your current town benefits.** If you are enrolled in health, dental and/or life insurance, the insurance companies have their own change of address/name forms (available at the Payroll & Benefit's Office) that you must also complete. In order to change your name and/or address with your retirement and/or 403(b) provider(s), you must contact them directly.

- Health Insurance     Dental Insurance     Life Insurance
- MTRS (Mass Teachers' Retirement)     403(b)/Annuity (Elective deferrals)
- Plymouth County Retirement (Full-time employees or regular, part-time employees)
- Mandatory Deferred Comp (Temporary, seasonal or occasional employees)

**Please update my personnel and payroll records to reflect the following changes:**

Department		Effective Date Of Change	
Current Information		New Information	
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
Telephone(s)	(h)	(h)	
	(c)	Telephone(s)	(c)
Employee Signature			Date
Payroll Supervisor			Date
Update Personnel Folder:	Update X2:	Update Payroll:	Update Accounting: