

# Employee Change of Name

Please complete and return to the Auditor's office

Former Name

\_\_\_\_\_

New Name

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Phone #

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Deductions updated (Office use only):

BC/BS \_\_\_\_\_ Dental \_\_\_\_\_ Benefits Inc. \_\_\_\_\_ IPERS \_\_\_\_\_

Aflac \_\_\_\_\_ Claims \_\_\_\_\_ Wash Nat'l \_\_\_\_\_ Garnishment \_\_\_\_\_

Child Support \_\_\_\_\_ 457 Deferred Comp \_\_\_\_\_ Flex Medical/Depend \_\_\_\_\_