

**CITY OF CHICO - HUMAN RESOURCES OFFICE
NOTIFICATION OF CHANGE OF ADDRESS / NAME**

Employee Name: _____

Employee No.: _____

Department / Division: _____

INSTRUCTIONS:

Employee shall prepare and forward **three (3)** copies of this form to his/her **Department Head**. Your Department will retain one copy and send the original to the Human Resources Office for **personnel files** and one copy to the Finance Office for **payroll files**.

Effective Date: _____

New address information:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____

Mobile Telephone: _____

New name information:

Legal Name: _____

Former Name: _____

Employees are encouraged to contact the following providers directly to change their address with them by phone or on-line (website listed if address change offered on-line), change of information forms can also be obtained by Human Resources:

<i>Hartford Deferred Comp</i>	<i>800-528-9009</i>	<i>www.retire.hartfordlife.com</i>
<i>National Deferred Comp</i>	<i>800-769-4457</i>	<i>www.nationaldeferred.com</i>
<i>CalPERS</i>	<i>888-225-7377</i>	<i>www.calpers.com</i>

If you encounter any problems, please contact Human Resources (x.7906) for assistance.

Human Resources Use Only

Benefits Updated:

- IFAS
- Blue Shield of California
- Delta Dental
- SafeGuard Vision
- CalPERS

Date Entered: _____

Initials: _____