



RHODE ISLAND COLLEGE OFFICE OF HUMAN RESOURCES

Change of Personal Information Form

General Employee Information:

Name of Employee: _____
(If changing name, use old name here and complete the Name Change section below)

Department/Division: _____

Change of Address:

Former Address:

Number Street City State Zip

New Address:

Number Street City State Zip

Change of Phone Number:

Former Phone Number:

Phone Number

New Phone Number:

Phone Number

Change of Name:

Former Name: _____ New Name: _____
(as it appears on old social security card) (as it appears on new social security card)

Important: A copy of a legal document which shows your new name must accompany this form!
Examples include your driver's license, social security card or voter registration card.

Change in marital status:

From: _____

To: _____

Important: A copy of a marriage certification, divorce decree or other legal document must accompany this form!

Employee Signature:

Signature of Employee: _____ Date: _____

Important Information:

This form will update your name/address in the State's personnel system as well as with most of the State's benefits vendors. Note that the following State benefit vendors require that you update any address and/or name changes directly with them on your own:

Aflac (Short Term Disability): 401-475-9936, ext. 130

Colonial Life (Short Term Disability): <http://www.visityouville.com/en/StateOfRI>; or 866-349-8011

College Bound Saver (529 Plan): <https://www.collegeboundsaver.com/>; or 877-517-4829

TIAA (Retirement Benefits): <https://www.tiaa.org/public/tcm/ri>; or 800-897-1026

Please complete the attached form and return it to the Rhode Island College, Office of Human Resources (do not send it to DOA), Building 6, or fax to 401-456-8717, or email to employment@ric.edu