

BYRON-BERGEN CENTRAL SCHOOL DISTRICT

EMPLOYEE CHANGE INFORMATION

NAME: _____

DATE: _____

Reason for Change: _____

(e.g., Marriage, Divorce, New Address)

Effective Date of Change: _____

PLEASE CHANGE:

Address _____

Primary Phone # (_____) _____
Area Code

Secondary Phone # (_____) _____
Area Code

Other _____

IMPORTANT NOTES:

- ◆ If you get married and are changing your name, the Business Office will need to see your **original** marriage certificate and **original** Social Security card (with your new name on it), along with this form completed.
- ◆ If you have gotten divorced, the Business Office needs to see your divorce paperwork (for health insurance purposes).
- ◆ Retirement System Changes: You will need to complete the appropriate forms for ERS (Employees' Retirement System) or TRS (Teachers' Retirement System) if you have any changes (e.g. name, address, beneficiary, etc.). The forms are located:

NYSERS: <https://www.osc.state.ny.us/retire/forms/#member>

NYSTRS: <https://www.nystrs.org/forms>

- ◆ Healthcare Enrollment/Change: The Business Office will give the form to you to complete.

PLEASE RETURN THIS FORM TO THE BUSINESS OFFICE.

FOR OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Payroll, vendor listing | <input type="checkbox"/> Superintendent's Secretary (Instant Connect) |
| <input type="checkbox"/> Healthcare, by office | <input type="checkbox"/> Principal's Office |
| <input type="checkbox"/> Healthcare, form given | <input type="checkbox"/> Email Counseling (SchoolTool) |
| <input type="checkbox"/> Retirement System, form given | <input type="checkbox"/> Email Technology |