

LAFAYETTE COLLEGE
ACTIVE EMPLOYEE CHANGE OF ADDRESS/NAME FORM

Please Print

NAME _____

PREVIOUS NAME _____

NEW ADDRESS _____

TELEPHONE NUMBER _____

EFFECTIVE DATE _____

MEDICAL INSURANCE:

Group # _____

Social Security # _____

Please indicate your current insurance coverage:

- Highmark Blue Shield
- Waive Medical
- Flexible Spending Account
- Dental

Please contact TIAA-CREF or Fidelity to update the address on your retirement plan.

Signature _____

PLEASE RETURN TO OFFICE OF HUMAN RESOURCES, 12 MARKLE HALL LAFAYETTE
COLLEGE, EASTON, PA 18042