

INTEGRATED BENEFITS
ADMINISTRATION

Employee Change of Name Request

Employer Name: _____ Effective Date: _____

Employee Name: _____ Social Security Number: _____

CHANGE NAME TO:

New Name: _____

Reason for Name Change: _____

Home Address: _____ Home Phone Number: _____

City/State: _____ Work Phone Number: _____

Zip Code: _____

Signature: _____

Today's Date: _____

Fax to:

INTEGRATED BENEFITS ADMINISTRATION

208-287-0311

