



DEPARTMENT OF ADMINISTRATION
Division of Human Resources
One Capitol Hill - 3rd Floor
Providence, RI 02908-5890
Phone: (401) 222-2160
Fax: (401) 222-6375

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Form

General Employee Information:

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

Department & Division/Section:

Change of Address:

Old Address:

Number Street City State Zip

New Address:

Number Street City State Zip

***If new mailing address is a post office box, please indicate residence address below:

Residence Address:

Number Street City State Zip

Change of Name:

Old 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

If you have a deferred compensation plan account with Fidelity, TIAA or Voya, this form will not update your name in their system. You must also follow the instructions in the "Change of Name" section on www.employeebenefits.ri.gov/457plan

This Form must be submitted to your local human resources representative for processing. Please either print and sign or apply a certified Digital ID.

For an up-to-date listing of human resources representatives for each assigned Executive Branch agency, click [here](#).

For all other non-Executive Branch organizations, please submit this form to your local administrative representative.