



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

Revised 7-30-20

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

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

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.