



CONTACT CHANGE FORM

Please fill in your name and **NEW** information **ONLY**:

Name:

Name Change:

(Your new social security card with your name change must be sent to HR for record updating purposes)

New Address:

New City/ State/ Zip code:

New Email Address:

New Phone Number:

New City Tax:

New School District Tax:

Please note: It is the responsibility of each employee to notify all companies of the information changes (STRS, SERS, Benefits Solver, etc.)

Please check you address on the website if you are not sure about city or school district tax.

https://www.tax.ohio.gov/online_services/thefinder.aspx