



NAME / ADDRESS CHANGE FORM

**Greene County
Human Resources
Department**

411 Main St., Suite 339
Catskill, New York 12414

Nicole T. Maggio
Director

CURRENT NAME: _____

NAME CHANGE: _____

SUPPORTING LEGAL DOCUMENTATION ATTACHED

ACTIVE EMPLOYEE RETIRED EMPLOYEE RETIRED EMPLOYEE'S SPOUSE

SS#: _____ or EMPLOYEE ID #: _____

PHYSICAL ADDRESS: CURRENT CHANGE

MAILING ADDRESS: CURRENT CHANGE

HOME PHONE NUMBER: CURRENT CHANGE _____

CELL NUMBER: CURRENT CHANGE _____

EMAIL ADDRESS: CURRENT CHANGE _____

**** Please note: it is your responsibility to notify
NEW YORK STATE RETIREMENT, DEFERRED COMPENSATION
& FLEXIBLE SPENDING ACCOUNT about any changes. ****

(Signature) (Date)

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Robin



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