

## Employee Name Change/ Marital Status Change Request Form (Please type or print legibly)

Section A.				
Old Name.				
Old Name:(Last Name)		(First Name)		(Middle Initial)
	oloyee Banner Id #:			(,
Date of Birth:		E-mail Addr	ess:	
Phone Number:	Type: Home	Mobile	Work	
Section R				
New Name:		(Einst Name)		(MC141- T.:::-1)
		(First Name)		(Middle Initial)
New Name:		(First Name)	Date	(Middle Initial)
Employee/ Student Si	gnature		Date	<u> </u>
New Name:(Last Name)  Employee/ Student Si  LEGAL DOCUMENTS MUST BE	gnature		Date	<u> </u>
New Name:(Last Name)  Employee/ Student Si  LEGAL DOCUMENTS MUST BE  Marriage Certificate	gnature		Date	<u> </u>
New Name:(Last Name)  Employee/ Student Si  LEGAL DOCUMENTS MUST BE  Marriage Certificate Divorce Papers	gnature		Date	<u> </u>
New Name:(Last Name)  Employee/ Student Si  LEGAL DOCUMENTS MUST BE  Marriage Certificate	gnature		Date	<u> </u>

Carlton J. Barber Administration Building Lower Level, for processing.

For the following benefits, please update your Name by contacting the vendor directly:

Benefit Vendors Contact Information				
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State Health Plan	https://shp-login.hrintouch.com			
NCFlex (dental, vision, flex spending, NCFlex life, AD&D, critical illness, cancer)	https://shp-login.hrintouch.com			
TIAA-CREF ORP or 403(b)	877-267-4505			
Fidelity ORP or 403(b)	800-343-0860			
Valic ORP	800-448-2542			
Lincoln Financial ORP	866-419-7202			
Prudential 401(k) & 457	866-627-5267			
Teachers' and State Employees' Retirement System (TSERS)	877-627-3287			
Liberty Mutual Long Term Disability	888-440-6118			
Standard Long Term Disability	800-368-1135			
Legal Shield (pre-paid legal services)	800-654-7757			