

Change of Address / Name Checklist

After "Change of Address Form" is received, check off each that applies and update information as instructed.

Employee: _____

Employee No. _____

_____ **Address Change** _____ **Name Change**

Date Updated

NWS _____ *E-SUITE* _____

Human Resource Module

TCDRS Retirement _____

Fax TCDRS change of address form

Share this Change (Name Change Only) _____

email updated **name** to Roxanne (Aud) & Jennifer (Treas)

No Form
Needed for
Address

OASys _____

Login to OASys system to edit/update

No Form
Needed for
Address

Superior Vision _____

Login to Superior Vision website to update

Aflac at Work _____

Login and update

Wage Works (FSA) _____

Fax new address on your cover sheet to 877-220-3251

Aflac policies _____

Fax Request for Service form

EBA folder - Name update _____

Personal folder - Name update _____

Colonial _____

Fax Form

Conexis _____

Login to Conexis website and edit/update

Nationwide / Valic _____

Nationwide: Fax change form to 877-677-4329
Valic: complete Administrative change form & fax to Valic

Lincoln FG _____

Copy given to Melissa to add to next ARTS EE PR file _____

Copy given to Peggy/Bridget/Melissa _____

Completed by: _____

form updated 6/11/2019

HR- Blank Forms