



GUADALUPE COUNTY

Human Resources Department

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CHANGE FORM

Employee Name: _____

Name Change (if applicable): _____

Department: _____

Old Address: _____

New Address: _____

Phone Number: _____

Effective Date of Change: _____

Signature: _____ Date: _____

This form will update your information for payroll and your insurance (Blue Cross Blue Shield). There are separate forms that you will need to complete to update your information with the following policies. Please check which ones are applicable and we will send you the additional forms.

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> TCDRS | <input type="checkbox"/> FSA Card |
| <input type="checkbox"/> AFLAC or Group Policy | <input type="checkbox"/> Colonial |
| <input type="checkbox"/> VALIC | <input type="checkbox"/> Nationwide |

Please email or fax the completed form to (830) 401-4960.