



**Greene County
Human Resources
Department**

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

Nicole T. Maggio
Director

NAME / ADDRESS CHANGE FORM

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)

***OFFICE USE ONLY**

Health Ins./Vision _____ Dental _____ Employment File Labels _____

Flex Spending _____ Life Insurance _____ Personnel _____

Civil Service _____ CtyAdmin/AP(KF/EB) _____ Treasurer's Office _____ eGov _____



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