

**Name/Address Change**

Boone County Board of Education  
Human Resources Department  
8330 U. S. 42  
Florence, KY 41042  
(859) 282-2374

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_

Last Four of Social Security Number: xxx-xx-\_\_\_\_\_ Employee Number \_\_\_\_\_

Please check one:

Certified: \_\_\_\_\_ Classified: \_\_\_\_\_ Substitute: \_\_\_\_\_

**Name Change: Changes cannot be made without copy of new Social Security Card. Please attach when submitting this form.**

New Name: \_\_\_\_\_

Former Name: \_\_\_\_\_

**Address Change:**

New Address: \_\_\_\_\_

*Street*

*City*

*Zip*

County of Residence: \_\_\_\_\_

Former Address: \_\_\_\_\_

*Street*

*City*

*Zip*

New Phone Number: \_\_\_\_\_

**Benefits Information: Please check all benefits currently enrolled in, all agencies will be notified of your change.**

\_\_\_\_\_ Health Insurance

\_\_\_\_\_ Retirement: \_\_\_\_\_ TRS or \_\_\_\_\_ KPPA (Formerly CERS)

\_\_\_\_\_ Houchens Insurance (Colonial Life & Mutual of Omaha)

\_\_\_\_\_ Texas Life

\_\_\_\_\_ Dental Insurance

\_\_\_\_\_ Vision Insurance

\_\_\_\_\_ Lincoln Life Insurance

\_\_\_\_\_ Other

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Signature

\_\_\_\_\_  
Date

**Please return completed form to HR Receptionist**