



BERTIE COUNTY SCHOOLS

Address and Personal Information Change Form

PLEASE PRINT CLEARLY AND COMPLETE ONLY THE SECTIONS REQUIRING UPDATES.

Name: _____ Last 4 Digits SSN: _____

☐ **Name Change** (Name changes can only be processed after you obtain an updated Social Security Card with the new name. A copy of the card must be presented to make the change. The name will be changed to what is listed on the Social Security Card.)

Current Name on File: _____ New Name: _____

☐ **Address Change**
If address is temporary, please indicate From/To dates: From: _____ To: _____

New Mailing Address*: _____

*Address change will **only** apply to mailings.

Local Phone: (____) ____-____ ☐ Add ☐ Change ☐ Delete ☐ Make Primary
Campus Phone: (____) ____-____ ☐ Add ☐ Change ☐ Delete ☐ Make Primary
Cell Phone: (____) ____-____ ☐ Add ☐ Change ☐ Delete ☐ Make Primary

Email Address: _____

☐ **Marital Status Change**
Select One: ☐ Married ☐ Widowed ☐ Other _____
☐ Legally Separated ☐ Divorced

☐ **Emergency Contact Change**
☐ Add ☐ Change ☐ Delete ☐ Add ☐ Change ☐ Delete

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Notice to employees: By completing and submitting this form, you authorize the school system to change your personal information for payroll and benefits purposes. If a marital status change means that you would like to add or remove dependents from health insurance, you will need to complete enrollment information for those programs within 30 days of the qualifying event. Human Resources will notify all benefit providers of address changes with the exception of ORBIT (NC Retirement System Form [COA](#)), Colonial Benefits, and Ameriflex Flexible Benefits. Contact the HR Department for additional information.

Signature: _____ Date: _____

Return completed form to: Human Resources Department—Bertie County Schools
715 US Highway 13 North, Windsor, NC 27983 Phone: (252) 794-6000 Fax: (252) 794-9727

Human Resources Use Only

Initial/Date: HRMS _____ AS400 _____ SHP _____ DENT _____ VIS _____