



Nye County Human Resources

EMPLOYEE NAME / ADDRESS CHANGE FORM

Name _____ SSN _____ Phone Number _____

NAME CHANGE

Old Name:

New Name:

*Name will not be changed in the payroll system unless a new **Social Security Card** reflecting the new name is attached.

ADDRESS CHANGE

New Address:

Please change my address with the following:

- Nye County Payroll System**, I understand that for Social Security reporting purposes, my name must appear in the Payroll System the same as it appears on my Social Security Card. I further understand that my W-2 form will be mailed to this address.
- Anthem Blue Cross & Blue Shield**
- Ameritas ~ Dental/ Vision**

Signature

Date