

TEACHERS COLLEGE | COLUMBIA UNIVERSITY

Office of Human Resources, Room 120 Whittier, (212) 678-3175

CHANGE FORM

Please indicate Change:

- Name Change: Provide a Social Security Card with the changed name
- Marital Status Change: Provide a Marriage/Separation/Divorce certificate
- Same-Sex Domestic Partnership Change: Provide Tax Declaration Form and Affidavit or a Termination Form
- 707 Address Change: If moving out of/into NYC or Yonkers, please update an IT-2014 form
- Box Number Change (Pay Check Only): _____

Date: _____

TC ID: _____

Current Last Name, First Name MI: _____

EMPLOYEE SIGNATURE: _____

NAME CHANGE:

NEW NAME: _____

- Please update my NAME CHANGE with insurance carriers.

NOTE: Changes to TIAA-CREF and WageWorks must be made by the EMPLOYEE

MARITAL STATUS CHANGE:

- Married Divorced Legally Separated

If a marital change requires enrollment or termination of benefit coverage for a spouse, please complete a Benefit Election Form and/or Enrollment Form to process the change.

SAME-SEX DOMESTIC PARTNERSHIP CHANGE:

- Commencement: Same-Sex Domestic Partnership Dissolution: Same-Sex Domestic Partnership

707 ADDRESS CHANGE:

NEW ADDRESS: _____

HUMAN RESOURCES ONLY:

- Name _____ Marital _____ Partnership _____ Address _____