



# NAME / ADDRESS CHANGE

## Former Employees or Beneficiaries Receiving Benefits

\* Required

\*Check all that apply:  Name Change  Address Change

\*Effective Date of Change(s): \_\_\_\_\_

### \*Name of Former Employee as currently on file with the City of Bellevue:

Last	First	Middle	* Last 4 digits of SS#:
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### If you are a Beneficiary, your name as currently on file with the City of Bellevue:

Last	First	Middle	Last 4 digits of SS#:
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### NAME CHANGE

Name change requests must be accompanied by acceptable proof of the change. Attach copies of the proof documents to this form.

**Option 1:** Social Security card or receipt AND picture ID, i.e., driver's license

**Option 2:** Certified copy of legal document changing your name, i.e., marriage certificate, court order, etc. AND picture ID

**Option 3:** Copy of Passport

<b>New Name</b>	Last	First	Middle
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### ADDRESS CHANGE

Providing a current address to the City of Bellevue ensures that you will 1) Receive your W-2 or other tax statements if you received income from the City of Bellevue in the last year, 2) Continue to receive statements and communications for your MEBT retirement account or Firemen's Pension Fund, if applicable.

**NOTE: You are responsible for updating your address directly with the Washington State Dept. of Retirement Systems (PERS, LEOFF), Great West Retirement Services (457 deferred compensation plan), and other service providers as needed.**

<b>Old Address</b>	Street or PO Box	Phone
	City	State Zip Code
<b>New Address</b>	Street or PO Box	Phone
	City	State Zip Code

### CERTIFICATION

If you are completing this form on behalf of someone else, a copy of the power of attorney, or other documents demonstrating your legal capacity to act on behalf of the Former Employee or Beneficiary must be provided before the change(s) will be processed.

I certify that my name or address has changed as shown above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail the completed form along with any necessary documentation to:**

City of Bellevue  
Human Resources Department  
PO Box 90012  
Bellevue WA 98009-9012

**Questions? Call 425-452-2069**