



Archdiocese of  
Atlanta

# Employee Information Change

Today's Date:

Effective Date:

**Please indicate change(s):** *(check all that apply)*

- Home Address
- Home Telephone Number
- Name Change\*
- Other *(Please explain)*

*\* Please attach supporting documentation of name change. The list of acceptable documents include: U.S. passport, valid U.S. driver's license, U.S. social security card, U.S. military card or draft record, or U.S citizen ID card.*

Employment Location:

Employee Name:

SS #:

New Home Street Address:

City:

State:

Zip:

New Home Telephone Number:

Old Home Street Address:

City:

State:

Zip:

Old Home Telephone Number:

Other Changes:

For insurance changes such as dependent coverage or beneficiary changes, please contact Employee Benefits at (404) 885-7406 for the appropriate forms.

It is important to keep your home address and telephone number up to date in our records. Your home address may be used for mailing certain required notices, such as benefit information, pension statements, tax and other information that is distributed to our eligible employees.

Unless otherwise directed in writing, this change will be made in the medical insurance and pension records, if applicable.

Please return completed form to:

Human Resources  
Archdiocese of Atlanta  
680 West Peachtree St. NW  
Atlanta, GA 30308