

Please fill out the top portion and return form to:
DANSVILLE SCHOOLS
C/C INGHAM INTERMEDIATE SCHOOL DISTRICT
Payroll Office
2630 West Howell Road, Mason, MI 48854
Fax Number: (517) 676-8007

EMPLOYEE NAME/ADDRESS CHANGE

Please note: *If you are changing your name, you must provide a copy of your new Social Security Card. Due to IRS requirements, we are unable to change your name without the new card.*

DATE: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

EMPLOYEE NAME: _____

NEW EMPLOYEE NAME: _____

(Verified by Social Security Card)

NEW ADDRESS: _____

NEW TELEPHONE NUMBER: _____

Are you living in the city of Lansing or Jackson? Yes No

Are you working in the city of Lansing? Yes No

If you would like to change the beneficiary(ies) for your life insurance or with Michigan Public School Employees Retirement System (MPERS) or change your tax withholding allowances please contact the Payroll Department to request the appropriate forms.

SIGNATURE: _____

For ISD Use Only

BUSINESS OFFICE TRANSACTIONS:

- (a) Name/address changed on AS 400 _____
- (b) Copy to CASS Operator _____
- (c) Name/address changed on vendor file _____
- (d) Name/address changed on-line for Life Ins/LTD Co _____
- (e) Name/address change sent to Health Ins Co _____
- (f) Name/address change sent to Delta/MEBS _____
- (g) Name/address change sent to SET/SEG/MEBS _____
- (h) Financial Technologies, Inc. _____
- (i) Name change notification for phone listing _____
- (j) OPEIU _____
- (k) Name/address change sent to MPERS _____
- (l) Lansing City Tax reviewed _____