



GUADALUPE COUNTY

Human Resources Department

HR NAME/ADDRESS CHANGE FORM

Print legibly

Employee Name: _____

Name Change (if applicable): _____

Department: _____

Old Address: _____

New Address: _____

Phone Number: _____

Effective Date of Change: _____

Signature: _____ Date: _____

This form will be utilized to update your address for payroll as well any other pertinent documentation needed by HR.

Please contact the Benefit Enrollment Center at **(855) 202-2701** to update your address for Basic Life, Dental, Disability, Voluntary Life and Medical coverage(s). For supplemental policies with Avesis Vision, AFLAC Accident, AFLAC Cancer, AFLAC Critical Illness, AFLAC Hospital Indemnity, CPI FSA and CPI Dependent Care you will also need to call the Benefit Enrollment Center at **(855) 202-2701**. To change your address with TCDRS you will need to call **(800) 823-7782** or log in at www.TCDRS.org. If you have a 457b retirement policy you will need to contact Tommy Ortiz at Corebridge (VALIC) **(210) 557-2079** or at Tommy.Ortiz@corebridgefinancial.com. If you have a Nationwide policy you will need to contact **(877) 677-3678**.

Please email or fax the completed form to:

HR Email: hr@co.guadalupe.tx.us

Fax: (830) 401-4960.