

This Change Is For:

- ACTIVE EMPLOYEE
- RETIREE
- TERMINATED EMPLOYEE

(Notification per phone conversation.)

Info gathered via phone by:



Please mail completed form to:
Oklahoma County Benefits/
Retirement Division 320 Robert S.
Kerr, Room 220 Oklahoma City,
OK 73102

For questions please contact Benefits/
Retirement
@ 713-2249

OKLAHOMA COUNTY ADDRESS / NAME CHANGE FORM

(Fill out ALL the information in the spaces provided)

Effective Date of Change: _____

Birthday: _____

NAME: _____

DEPT: _____

SOCIAL SECURITY NUMBER: _____

HOME
PHONE: _____

NEW ADDRESS:

(Street, P.O. Box, Rural Route) _____

(City, State, Zip Code) _____

NAME CHANGE: *New Social Security Card must be provided along with supporting documentation (ex: copy of divorce decree, marriage license, common law affidavit)

EMAIL ADDRESS _____

(Former Name) _____

(New Name) _____

Signature _____ Date _____

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FOR COUNTY BENEFITS DEPARTMENTAL USE ONLY

Sent Employee Has

InvesTrust (via email)

HealthSmart (via email)

Delta Dental (online)

VSP (online)

Copy to Payroll

Payroll Specialist Processor Init: _____

Empower

NATIONWIDE

Colonial (Supplemental via fax #1-800-880-9325)

Benefit Specialist Processor Init: _____

Physicians Mutual (via fax 755-5576)

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