## SOUTH ORANGE-MAPLEWOOD SCHOOL DISTRICT HUMAN RESOURCES

## STAFF CHANGE OF NAME, ADDRESS, PHONE, OR EMAIL FORM

OLD/FORMER INFORMATION	NEW/CURRENT INFORMATION
NAME:	NAME
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE:	STATE:
ZIPCODE:	ZIPCODE:
HOME PHONE:	HOME PHONE:
MOBILE PHONE:	MOBILE PHONE:
HOME EMAIL:	HOME EMAIL:
WORK EMAIL:	WORK EMAIL:
SECULTIVE NATE OF CLANCE	

<b>EFFE</b>	CTIVE	DATE	OF	CHANGE:	
-------------	-------	------	----	---------	--

You must complete additional forms to update your information with the NJ School Employees' Health Benefits Program (SEHBP:

Name and address change access the form at this website: <a href="https://www.state.nj.us/treasury/pensions/documents/forms/ha0890.pdf">https://www.state.nj.us/treasury/pensions/documents/forms/ha0890.pdf</a>

Address change only access the form at this website: <a href="https://www.state.nj.us/treasury/pensions/documents/forms/ha0890.pdf">https://www.state.nj.us/treasury/pensions/documents/forms/ha0890.pdf</a>

Return the completed forms to the Office of Human Resources!