

LANSING CHRISTIAN SCHOOL
3405 BELLE CHASE WAY, LANSING, MI 48911

CHANGE OF NAME/ADDRESS FORM

Name: _____ Department: _____

Date of change: _____

NAME CHANGE:

Previous Name: _____
Last First

New Name: _____
Last First

ADDRESS CHANGE:

Previous address: _____
Street City State Zip

New address: _____
Street City State Zip

Employee Signature Date

This form should be sent to the following benefit plans in which employee is enrolled:

- _____ PHP/Delta Dental
- _____ BASIC
- _____ Unum
- _____ CSI

Note: Change local withholding in payroll if applicable.