

# Benefit Plans

P.O. Box 2115  
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 Oak Ridge, TN 37831-2115  
 Local 865.574.1500  
 Toll Free 1.877.861.2255  
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## Change of Name/Address For Non Active Employees

Please complete this name/address change form and return it to our office in the enclosed, self-addressed envelope as soon as possible.

PLEASE CHECK ALL THAT APPLY.	SOCIAL SECURITY NUMBER	COMPANY
<input type="checkbox"/> NAME CHANGE* <input type="checkbox"/> ADDRESS CHANGE**		Y-12   PANTEX

PLEASE CHECK ONE.

<input type="checkbox"/> COBRA	<input type="checkbox"/> DISPLACED WORKER	<input type="checkbox"/> RETIREE	<input type="checkbox"/> VESTED	<input type="checkbox"/> LTD
<input type="checkbox"/> SPOUSE OF A DECEASED RETIREE		<input type="checkbox"/> SPOUSE OF A DECEASED EMPLOYEE		

CURRENT NAME	FORMER NAME (IF APPLICABLE)
CURRENT ADDRESS	FORMER ADDRESS (IF APPLICABLE)

REASON FOR NAME CHANGE

DIVORCE    MARRIAGE    OTHER (EXPLAIN: \_\_\_\_\_)

SIGNATURE	DATE	HOME PHONE NUMBER

*\*For name changes, you must include a copy of your Social Security card showing your new name.*

DISTRIBUTION – BENEFIT PLANS USE ONLY	
<b>COBRA</b> <input type="checkbox"/> COBRA <input type="checkbox"/> Savings Program  <b>DISPLACED WORKER</b> <input type="checkbox"/> Savings Program  <b>RETIREE</b> <input type="checkbox"/> Savings Program	<b>VESTED</b> <input type="checkbox"/> Savings Program  <b>LTD</b> <input type="checkbox"/> Disability Services - LTD <input type="checkbox"/> Savings Program <input type="checkbox"/> Savings Program <input type="checkbox"/> Savings Program