

**CITY OF KETTERING  
CHANGE OF ADDRESS OR BENEFICIARY**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**CHANGE ADDRESS FROM:**

Street Address \_\_\_\_\_

Telephone \_\_\_\_\_

City & State \_\_\_\_\_

Zip Code \_\_\_\_\_

**CHANGE ADDRESS TO:**

Street Address \_\_\_\_\_

Telephone \_\_\_\_\_

City & State \_\_\_\_\_

Zip Code \_\_\_\_\_

Public School District \_\_\_\_\_

(Needed for tax purposes)

**CHANGE OF MARITAL STATUS:**

I was Married ( )

Date \_\_\_\_\_

Divorced ( )

Location \_\_\_\_\_

**CHANGE MEDICAL INSURANCE PLAN/COVERAGE TO:**

Family ( )

Single ( )

**CHANGE BENEFICIARY ON:**

Life Insurance ( )

Sick Leave Benefits ( )

**CHANGE BENEFICIARY TO:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Social Security # \_\_\_\_\_

City & State \_\_\_\_\_

Zip Code \_\_\_\_\_

**NOTIFY IN CASE OF EMERGENCY:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Street \_\_\_\_\_

Telephone \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_