



Employee Name/Address Correction/Change Notification

To Whom it May Concern:

Please be advised that the following Village employee and benefit participant has changed their name and/or address.

Please Print or Type and Complete All Items:

Effective Date: _____

OLD Name: _____

OLD Mailing Address: _____

City _____ State _____ Zip _____

New Name: _____

New Mailing Address: _____

City _____ State _____ Zip _____

Please Check Each Item That Needs Notification:

	Applicable?	Done	To be done by:
PlanSource (Insurance)	_____	_____	H/R
Aflac	_____	_____	Employee (Must change in their online AFLAC account.)
Equitable	_____	_____	Payroll
Mission Square	_____	_____	Payroll
Police Pension	_____	_____	Payroll/Finance Director
IMRF	_____	_____	Payroll

Employee Signature: _____

(Required for Processing)