CITY OF PARIS

EMPLOYEE ADDRESS & NAME CHANGE FORM

THIS FORM APPLIES TO PERSONNEL RECORDS & TML INSURANCE. IN ORDER TO CHANGE NAME OR ADDRESS WITH TEXAS MUNICIPAL RETIREMENT SYSTEM, YOU MUST FILL OUT A SEPARATE FORM & IT MUST BE MAILED BACK TO THEM.

NAME:_____
(HOW IT CURRENTLY APPEARS)

ADDRESS:_____
_____

TELEPHONE NUMBER:_____

ADDITIONAL CHANGES:_____

CHANGE NAME TO:_____

IF CHANGING NAME, PLEASE PROVIDE COPY OF SOCIAL SECURITY CARD.

_____
EMPLOYEE SIGNATURE

_____
EFFECTIVE DATE