



SUMNER COUNTY BOARD OF EDUCATION
INFORMATION CHANGE FORM

This form is to be used when an employee wants to change information on file in the Central Office for the purpose of updating personnel records. Changes made by the last day of the month will apply to payroll records for the following month.

First Name **Last Name** **Middle Name** **Social Security #**

If this is a Name Change, you must provide your social security card **In Person** with your new legal last name, as well as a marriage certificate for the Benefits Department.

What was previous name: _____?

New Street Address **New City** **New State** **New Zip**

New Phone **Current School/Department**

Beneficiary Changes: Go to Infinityhr.com to change 403B or Life Insurance, if you don't remember your username or password click on first time user/ forgot password. For TCRS go to mytcrcs.com and if you have not registered you will need to register and then you can change your Beneficiary.

Credit Union Changes: You must contact your Credit Union directly for any changes you wish to make. Your Credit Union will notify us of your request.

Federal Withholding Changes: A new W-4 form must be completed and forwarded to the Payroll Department.

To make changes to Health, Dental, or Vision when a Qualifying Event occurs: Complete the appropriate Benefits Special Qualifying Event Cancel/Enrollment/Change form. The form may be found on the Benefits portal: www.sumnerschools.org/benefits. Click on the green button, Active Employees tab, and Qualifying Life Events on the drop-down box. Please submit the completed form to the Benefits Department.

Signature: _____ Date: _____

Return signed and completed form to the HUMAN RESOURCES DEPARTMENT

FOR CENTRAL OFFICE USE ONLY		
_____ Human Resource Department	_____ Payroll Department	_____ Technology Department
_____ Benefits Department	_____ Accounts Payable Department	