



### Employee Name Change Form

I, \_\_\_\_\_, hereby authorize Manheim Township to change my name:  
(Printed Employee Name)

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

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

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

Date of Name Change: \_\_\_\_\_

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

#### HR USE ONLY

HR Dept Received \_\_\_\_\_

HR Dept Processed \_\_\_\_\_

Processed By \_\_\_\_\_

☐ iSolved

☐ Benecon (UBF)

UBF sent: \_\_\_\_\_

☐ OneAmerica

☐ Unum

☐ MT email changed

☐ Verified Name Change on SS Card **(required)**