

Town of Manchester, Connecticut  
41 Center Street  
P.O. Box 191  
Manchester, CT 06040-0191

**CHANGE FORM**  
(Circle Type of Change)

Name\*

Address

Phone #

*\* If Name change please provide a copy of your Social Security Card or Drivers License.*

**OLD INFORMATION (please print)**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**NEW INFORMATION (please print)**

Effective Date: \_\_\_\_\_

Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR HUMAN RESOURCES/PAYROLL USE:

Change updated:

- Medical
- Prescription
- Dental
- PAC (Police only)
- Payroll
- Billing (Monthly and/or Semi-Annual)
- Performance Measures