

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)