

**MT. PLEASANT PUBLIC SCHOOLS EMPLOYEE INFORMATION CHANGE FORM**

Name (Please Print):

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Employee ID:

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Change Effective Date:

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Signature:

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**NAME CHANGE**

Current Name:

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Change Name To:

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Reason:

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**CHANGE IN CONTACT INFORMATION**

Mailing Address:

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Telephone:

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If the change(s) listed above include a qualifying life event and you need to add or terminate any dependent(s) from your plan coverage please also complete and submit the MESSA changes form.

**PLEASE SUBMIT COMPLETED FORM TO THE OFFICE OF HUMAN RESOURCES**

**720 N. Kinney Ave.  
Mt. Pleasant, MI 48858  
Fax: 989.775.2309**

