10/14/2025

WPS EMPLOYEE INFORMATION CHANGE FORM

Use this form to notify of name, address and emergency contact information changes. Submitting this form **will not** serve to notify the Massachusetts SMART Plan and/or any other *voluntary* retirement plans of name/ address changes. Employees will need to contact these plans directly to make applicable changes to their personal information. Name changes require submission of an updated social security card to Human Resources.

PLEASE CHANGE MY: ☐ **NAME** ☐ **ADDRESS** ☐ **TELEPHONE NUMBER** ☐ **PERSONAL EMAIL ADDRESS**

Name			Job Title	School/Location
First	Middle	Last		
Previous Name (First, Middle, Last)				

NEW Primary Place of Residence
Mailing Address (If Different From Above)
OLD Address on Record

Home Phone	Cell Phone	Other

Personal Email Address

Employee's Signature

Date