

Human Resources Internal Operating Procedures

Procedure 6.M: Name Change Procedure

Volume 6

Managing Office: Office of Human Resources

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**Alabama Agricultural and Mechanical University
Office of Human Resources**

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Name Change Form

The employee will need to bring the following documents to

Name Change Benefit Information Checklist

After changing your name, the below items may apply to you.

1. ____ The employee may wish to change his/her email address. If so, send an email to Ted Stewart in Information Technology System indicating the current name and the new name for the email address.
2. ____ The employee may wish to change his/her federal and state tax status in cases where the marriage status changed. The employee should complete a new form A-4 for Alabama tax withholding and a new form W-4 for federal withholding. The forms are located on the Office of Human Resources website at <https://www.aamu.edu/about/administrative-offices/human-resources/documents-forms.html> and in the Office of Human Resources. After completing the form, submit the tax form(s) to the Payroll Department, Patton Hall, room 105.
3. ____ The employee may wish to change his/her beneficiary information. To change the beneficiary information for the life insurance, the **Guardian Beneficiary Designation Change (GG-17)** form should be completed. The file is located in the Office of Human Resources or at: <https://www.aamu.edu/about/administrative-offices/human-resources/documents-forms.html>
4. ____ **Change of Beneficiary (RSA Form 100C)** form should be completed. The form is located in the Office of Human Resources or you can access it here: <https://www.aamu.edu/about/administrative-offices/human-resources/documents-forms.html>
5. ____ If the employee has a voluntary retirement plan (One America), the employee should contact **Mr. Wilbert Hamilton at 205.313.6464 or 334.233.7216** for name change and if applicable change beneficiary information.
6. ____ and PEEHIP health insurance, the employee must provide a copy of his/her social security card to TRS and PEEHIP. The change will automatically transmit to Blue Cross Blue Shield of Alabama and member will receive a new insurance card. Mail the documents to TRS, P.O. Box 302150, Montgomery, AL 36130-2150.
7. ____ To change the name with Guardian the **Guardian Enrollment Application** form should be completed. The form is located on the Office of Human Resources website <https://www.aamu.edu/about/administrative-offices/human-resources/documents-forms.html> and in the Office of Human Resources.
8. ____ To change the beneficiary with Aflac, the **Request for Beneficiary Change (Form H-L0046.12C)** form should be completed. The form is located at the Office of Human Resources or you can access it here: <https://www.aamu.edu/about/administrative-offices/human-resources/documents-forms.html>