

**Human Resources Office**

Office: 410-588-5225  
Fax: 410-588-5315

**SUBSTITUTE  
NAME AND ADDRESS CHANGE FORM**

Effective Date of Change: \_\_\_\_\_

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

Assignment: \_\_\_\_\_

Provide one of the following:

Employee ID Number: \_\_\_\_\_

SFE ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I am requesting the following change:

Address/Phone Number

Name: Copy of new *Social Security card* required.

New Name (*print clearly*): \_\_\_\_\_

New Telephone Number: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

**PLEASE NOTE:**

*Substitutes who are contributing or have contributed in the past to a Lincoln Financial Group account, must notify Lincoln Financial Group of name/address changes.*

*Contact the Lincoln Financial Call Center, at 1-800-234-3500, Monday through Friday (8:00 am-8:00 pm), to update your information.*

**EMPLOYER'S SECTION** (*Human Resources Office, HRIS*)

Information Updated By: \_\_\_\_\_

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

Payroll \_\_\_\_\_

SFE \_\_\_\_\_

OTIS \_\_\_\_\_

Personnel File \_\_\_\_\_

*Submit Form To: Human Resources Office, Attention: HRIS*