



# County of San Bernardino CHECKLIST FOR NAME CHANGE

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
Department		

### REQUIRED

[Personal Information/Emergency Contacts](#)

Marriage Certificate, Divorce Decree (with order to restore previous name), or other Court Ordered Documentation, whichever is applicable

### REQUIRED (IF APPLICABLE)

[SBCER Membership Tier Verification Form](#)

[SBCERA Waiver of Membership Form](#)

### No Copies Needed In Packet

[Salary Savings 401\(k\) Defined Contribution Participation Agreement\\*](#)

[Salary Savings 457\(b\) Deferred Compensation Plan Participation Agreement\\*](#)

[Salary Savings PST Deferred Comp Plan Participation Agreement\\*\\*](#)

[Beneficiary Designation for VOYA\\*](#)

[Beneficiary Designation for Last Paycheck \(Last Warrant Designation\)\\*\\*](#)

[Beneficiary Designation for Life Insurance](#)

[Life Insurance and AD&D Enrollment Form](#)

[Direct Deposit Authorization](#) (only if financial institution or account number is changing)\*\*

\*Send to Employee Benefits and Services Division-HR

\*\*Send to EMACS-Payroll

### IMPORTANT NOTES

Verify the employee has changed their name with Social Security Administration for W-2 purposes.

Employees are encouraged to use EMACS Self Service to update their Direct Deposit information.