

BELLE FOURCHE SCHOOL DISTRICT 9-1

Employee Change of Address Form

First Name Middle Name Last Name

Address

City State Zip Code

Phone Number Signature

Please mail original to: Belle Fourche School District 9-1, 2305 13th Avenue, Belle Fourche, SD 57717 or drop form off at Central Office.

Office Use Only:	
<u>SDRS Form E-2</u>	South Dakota Retirement System
_____	BluesEnroll (Health/Dental)
_____	Ameritas (Vision)
_____	Colonial Life
_____	SUI



E-2: Personal Information Change Request

Form Revision Date: 7/2021-A

Submit completed form to: SDRS, PO Box 1098, Pierre, SD 57501
Questions? Call toll-free: 1-888-605-SDRS (7377)

Personal Information

Social Security Number or SDRS ID	Last Name	First Name	MI
Primary Phone Number	Secondary Phone Number	Attach a photocopy of <u>one</u> of the following forms of identification: <input type="checkbox"/> Driver License <input type="checkbox"/> Passport <input type="checkbox"/> Govt-issued Nondriver ID	
Primary Email	Secondary Email		
In providing your email address, you are granting SDRS permission to include your email address on the SDRS email list. You may unsubscribe from this list at any time by contacting SDRS.			

Please complete applicable section(s) and sign below.

Mailing Address Change

Old Mailing Address	City	State	ZIP
New Mailing Address	City	State	ZIP

Marital Status Change

Update marital status due to:	<input type="checkbox"/> Marriage (Attach photocopy of marriage certificate) <input type="checkbox"/> Divorce (Attach photocopy of divorce decree) <input type="checkbox"/> Death (Attach photocopy of spouse's death certificate)		
Spouse's Social Security Number	Last Name	First Name	MI
Sex of Spouse <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	SDRS advises members to update their beneficiary designations anytime there is a marital status change by completing a new beneficiary designation form, available online at sdrs.sd.gov .	
Date of Marriage	If Applicable, Date of Divorce	If Divorced: Is there a Qualified Domestic Relations Order (QDRO)? <input type="checkbox"/> Yes (Attach photocopy of QDRO) <input type="checkbox"/> No	

Name Change

Last Name	First Name	MI
Attach photocopy of <u>one</u> form of documentation verifying name change: <input type="checkbox"/> Revised Social Security Card <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Court Order		

Signature

I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.	
Signature	Date