

WHEATON COLLEGE

Norton, Massachusetts, 02766

INFORMATION CHANGE FORM

Please Print All Information

This section must be completed for all changes:

Name (Last, First, Middle):		Maiden Name (If Applicable):	Social Security/ID#:
Signature:	Class Year (If Applicable):	Date:	Effective Date:

Current Student Alumnae/i Faculty/Staff Parent of Current Student Parent of Alumnae/i

Please Change My Name To (all name changes must have legal documentation attached [excluding alumnae/i]):

Change My Address To:

City:	State:	Zip Code:	Country:
Phone (include area code or country & city code):	Fax:	EMail:	

Students Only:

Please Correct My ID From:	To:	Reason:
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Alumnae/i & Parents Only:

New Job Information (Company):		New Job Information (Title):	
New Job Information (Address):			
City:	State:	Zip Code:	Country:
Phone (include area code or country & city code):	Fax:	EMail:	

Spouse Name:	Is Spouse Wheaton Alumnae/i? (Yes/No)
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<input type="checkbox"/> Birth <input type="checkbox"/> Death	Name:	Relationship:	Date:
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Office Use Only:

Request Taken By:	Office:	Date Changed in Banner:	Notes/Special Instructions:
Office(s) sent to <input type="checkbox"/> Admissions <input type="checkbox"/> Advancement <input type="checkbox"/> Human Resources <input type="checkbox"/> Registrar <input type="checkbox"/> SFS Date Sent _____			

Students Only:

Please change the following types: (Check All That Apply)

- Mailing Address (MA)
 - Home Address (PR)
 - First Billing Address (B1)
 - Second Billing Address (B2)
 - Off-Campus Address (OC)
 - Temporary Address (TE)
- From _____ To _____

Faculty/Staff, Alumnae/i & Parents Only:

Please change the following types: (Check All That Apply)

- Mailing Address (MA)
 - Home Address (PR)
 - First Billing Address (B1)
 - Second Billing Address (B2)
 - Business Address (BU)
 - Human Resources Address (HR)
 - Off-Campus Address (OC)
 - Seasonal Address (SN)
- From _____ To _____
- Temporary Address (TE)
- From _____ To _____

Listed below are contact phone numbers for your health and/or dental providers along with Wheaton's group identification. These numbers will connect you to their Member Services departments and you can then update your information directly with the provider. You should have your subscriber cards available in order to give them your personal I.D. number.

Blue Cross/Blue Shield Dental Blue: Group 002336028; Member Services 1-800-358-2227

Harvard Pilgrim Health Care, HMO: Group 0682860000; Member Services 1-888-333-4742

Harvard Pilgrim Health Care, PPO: Group 0333820000; Member Services 1-888-333-4742

United HealthCare: Group 0705925; Member Services 1-800-422-1404

In addition, if you are participating in the TIAA-CREF retirement plan, Liberty Mutual auto/home insurance, CNA long-term care insurance, or Benefit Concepts flexible spending accounts, their contact information is as follows:

TIAA-CREF: Plan Nos. 151070 and 151071; on-line at www.tiaa-cref.org/wheatonma; Boston Office
Phone 1-800-842-2004

Liberty Mutual: Meredith Kaepfel, local call 508-238-4414, ext. 52446

CNA Long-term Care Insurance: Customer Service 1-877-777-9072

Benefit Concepts, Flexible Spending Accounts: Participant phone line 1-866-629-5574

Crosby Benefit Systems, Flexible Spending Accounts July 1, 2010 or after: (800) 462-2235