

Town of Manchester, Connecticut
41 Center Street
P.O. Box 191
Manchester, CT 06040-0191

CHANGE FORM
(Circle Type of Change)

Name*

Address

Phone #

**** If Name change please provide a copy of your Social Security Card or Drivers License.***

OLD INFORMATION (please print)

Name: _____

Address: _____

Phone Number: _____

NEW INFORMATION (please print)

Effective Date: _____

Name (if applicable): _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

FOR HUMAN RESOURCES/PAYROLL USE:

Change updated:

- ☐ Medical
- ☐ Prescription
- ☐ Dental
- ☐ PAC (Police only)
- ☐ Payroll
- ☐ Billing (Monthly and/or Semi-Annual)