

CHANGE OF ADDRESS INSTRUCTIONS:

You will need to fill out two to three forms. A Teller County Personal Change Form and a CCOERA Change Form (and if you participate in both the 401(a) Plan and the 457 Plan, you will need to fill out a CCOERA Change Form for each Plan you are a participant of). Click on link below:

Teller County Personal Change Form: [See below for form](#)

- This form is used for Teller County Payroll System and Human Resource System use. H.R. will then make your changes to Anthem, Delta Dental and VSP for you.
- If you have a name change, please read the name change part of the form carefully. You will need to fill out an updated W-4 form (also on CELIA) and submit a copy of your new social security card reflecting your name change.

Please fill out the CCOERA change of address form:

<https://ccoera.gwrs.com/link.do?nodeId=715&accu=Ccoera&contentUrl=forms.forms>

- Follow the CCOERA link and click on the Personal Information Change Form for both the 401(a) Plan and the 457 Plan if you participate in both. If you only participate in the 401(a) Plan, click the change form for the 401(a) Plan. If you are unsure which form you will need, please call the record keeper for CCOERA, which is Great West at (800) 352-0313 and press option "0" for assistance. They will be able to help you determine which form you will need.
- Your CCOERA account is private. H.R. cannot access your account information for you, but if you will complete the required forms, we will fax CCOERA your change form for you.

Once you have filled out these forms, please be sure you **sign** them and send to Sandi Stratton, Human Resource Department.

TELLER COUNTY PERSONAL INFORMATION CHANGE FORM

DEPT. #/ NAME: _____

EFFECTIVE DATE: _____

EMPLOYEE NAME: _____

CHECK ALL APPLICABLE:

NAME CHANGE:

(Name changes must have updated W-4 & copy of social security card, showing your new name, attached)

NEW **MAILING** ADDRESS:

NEW **PHYSICAL** ADDRESS:

NEW PHONE #: () _____

NEW EMERGENCY NOTIFICATION:

NAME:

PHONE #: _____

OTHER:

SIGNATURE: _____

DATE: _____

NOTE: TO CHANGE DEPENDENT STATUS FOR INSURANCE PURPOSES, CONTACT THE HUMAN RESOURCES DEPARTMENT FOR APPLICABLE PAPERWORK.