**BSS Personal Information Change**

**Fax Cover Sheet**

|  |  |
| --- | --- |
| **Date:**  |   |
| **Destination FAX No:**  | (919) 855-6861  |
| **No of Pages (Including Cover):**  |   |
| **Sender/Admin Name:**  |   |
| **Sender/Admin Personnel No:**  |   |
| **Sender/Admin Email Address:**  |   |
| **Sender/Admin Phone No:**  |   |

**​​☐​ Name Change:** Copy of Social Security Card

**​​☐​ DOB Correction:** Copy of Driver’s License, Birth Certificate, or Passport

**​​☐​ Social Security No. Correction:** Copy of Social Security Card

**Note:** Handwrite or type SSN or DOB on copy of documentation in case the fax is not completely legible.

**Required Information for Name Change Ticket:**

|  |  |
| --- | --- |
| **Employee Personnel No:**  |   |
| **Old Name of Employee:**  |   |
| **New First Name:**  |   |
| **New Middle Name:**  |   |
| **New Last Name:**  |   |
| **Reason for Name Change:**  |   |
| **Marital Status:**  |   |
| **BSS SSN Mismatch Report:**  | Yes      ​☐​         No     ​☐​  |
| **Additional Comments:**  |   |