

Need to Change your Name or Address?

Follow these simple steps.....



1. **Fill in the attached W-4 Form** (indicate on the top if it is an address or name change)
2. **Fill in the Health/Dental/Life Insurance forms if you are enrolled in these benefits.**
3. Return the forms to Julia Foulsham in the Treasurer's office.
4. Contact Carla Fede, cfede@townofmilton.org if you need to change your name with Benefits (health, dental, Aflac.... Etc).

[W-4 Form](#)

[Health Insurance Form - BCBS](#) (Please write NAME CHANGE or ADDRESS CHANGE across the top)

[Health Insurance Form - Harvard Pilgrim](#) (Please write NAME CHANGE or ADDRESS CHANGE across the top)

[Dental Insurance Form](#) (Please check the box for Name or Address Change)