



**STATUS CHANGE FORM
 RETIREES/NON-ACTIVE EMPLOYEES
 ADDRESS / TELEPHONE NUMBER / STATUS / NAME CHANGE**

NAME:	_____	,	_____	_____				
	(Last Name)		(First Name)	(M.I.)				
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>							

Please print your changes below:

NEW ADDRESS:

Mailing Address: _____

City _____ State _____ Zip Code _____

Effective Date: _____ End Date (if applicable): _____

Please check the appropriate box:

Permanent Address Temporary Address

If this is a temporary address,
 please indicate the State of
 your PERMANENT residence.
 (Enter the 2 Digit State Code)

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Telephone: Area Code () _____

E-mail Address : _____

*** NAME CHANGE:**

New Name:
 First Name: _____ M.I. _____ Last Name _____

*** MARITAL STATUS CHANGE:**

Single - Married - Divorced - Widower - Widow

(Please circle status change)

** Must provide documentation for all name or marital status change request. i.e., marriage license, court order documentation, social security card or death certificate of spouse. (Changes will be made immediately upon receipt of this form along with any required supporting documentation)*

 Authorized Signature

 Date (mm/dd/yy)

Please return completed form to:

FMC Corporation
 Attn: HR Service Center
 801 PrincetonSouth Corporate Center
 Ewing, NJ 08628

Or Fax the form to HRSC at: 1-866-917-3252

Any questions can be directed to HRSC at: 1-888-362-4448, Option 1