



**ALBUQUERQUE  
PUBLIC SCHOOLS**

## **Retiree Life Insurance Name/Address Change Form**

Last Name	First Name	Middle Initial
Former Name (if applicable, supporting documentation required)		
Mailing Address		
City	State	Zip Code
Phone Number and Alternate Phone Number	APS Employee Number (if known)	
Retiree Signature		

**Please mail completed form to:**  
**Albuquerque Public Schools**  
**Attention: Employee Benefits**  
**PO Box 25704**  
**Albuquerque, NM 87125-0704**

**If you wish to hand-deliver the form, please bring it to:**  
**Albuquerque Public Schools**  
**6400 Uptown Blvd NE**  
**Employee Benefits Department – Suite 115 East**  
**Albuquerque, NM 87110**

(Please note that the post office does not deliver mail to this street address; mail must be sent to the PO Box shown above.)