



Name/Address Change Form

This form will be submitted to APS Employee Records and Employee Benefits Departments.

Last Name			First Name			Middle Initial		
Mailing Address								
City			State			Zip Code		
Phone Number ()			Social Security Number			Employee Number		
Location Name and Number					Position and Title			

Type of Change: Address Phone Name Former Name: _____

Plans in Effect:

Presbyterian Lovelace Dental Vision

IMPORTANT: All employees making a name change should contact the:

- ✓ APS Employee Data Center at: (505) 889-3700
- ✓ State Office of Certification at: (505) 827-6587
- ✓ Social Security Administration Office at: (505) 346-6694
- ✓ New Mexico Educational Retirement Board at: (505) 888-1560
- ✓ New Mexico Retiree Health Care Authority (Return to Work Retirees only) at: (505) 242-0861

In order to change the name on your social security record, you must go to the Social Security Administration and provide them with your old Social Security card, your drivers license, and an official document showing the name change, i.e. a marriage certificate, divorce decree, etc.

The Social Security Administration has requested that payroll records not be changed until an employee presents a social security card showing the name change.

When the new Social Security card is issued, please bring the card and this form back to APS.

EMPLOYEE AUTHORIZATION:

I certify that the above information is correct to the best of my knowledge and belief.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement containing any materially false information, or conceals, for the purpose of misleading, information any fact material thereto, commits a fraudulent insurance act which is a crime. Disciplinary action could be taken.

Signature _____

Date _____

Note: If the effective date of this change is different than today's date, please specify the date desired.

For internal Use Only

Records Dept.	Benefits Dept.
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