



State of New Mexico
Local Public Body/Legislator Correction/Change Form

Date: LPB Code & Name:

LPB HR Rep Name: LPB HR Rep Phone:

Employee Name: Employee SSN:

Is correction for Employee or Dependent? Employee Dependent

Dependent Name: Dependent SSN:

Reason for Correction / Change:

Empty rectangular box for reason for correction/change.

Type of Change / Correction:

Name Correction / Change: Employee Dependent
First Name: Middle Initial: Last Name:

Date of Birth Correction: Employee Dependent
Month: Date: Year:

Gender Correction: Employee Dependent
Male: Female:

SS Number Correction: Employee Dependent
Number:

Address Correction / Change:
Address
City, State, Zip

Phone Number Correction / Change:



Public Employees  
Retirement Association  
of New Mexico

PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123  
(505) 476-9401 fax (505) 476-9300 voice (800) 342-3422 Toll-Free  
[www.pera.state.nm.us](http://www.pera.state.nm.us)

**CHANGE IN PERA RECORDS**

Instructions: Please print or type in dark ink. Required fields are in **BOLD ITALICS**

MEMBER INFORMATION (Must be completed in all cases) PRINT CLEARLY			
<b>SOCIAL SECURITY NUMBER or PERA ID NUMBER</b>			
<b>FIRST NAME</b>	<b>MI</b>	<b>LAST NAME</b>	
<b>DATE OF BIRTH</b> (mm/dd/ccyy)			
<b>CURRENT MARITAL STATUS (Check One)</b>			
NEVER BEEN MARRIED	MARRIED	DIVORCED	WIDOWED
NAME CHANGE/CORRECTION PRINT CLEARLY			
<b>CURRENT FIRST NAME</b>	<b>MI</b>	<b>LAST NAME</b>	
<b>PREVIOUS FIRST NAME</b>	<b>MI</b>	<b>LAST NAME</b>	
<b>EFFECTIVE DATE OF CHANGE</b> (mm/dd/ccyy)			
ADDRESS CHANGE/CORRECTION PRINT CLEARLY			
<b>ADDRESS TYPE</b>	PERMANENT	TEMPORARY	MAILING
<b>STREET ADDRESS</b>			<b>HOME or CELL TELEPHONE NO.</b>
			BUSINESS TELEPHONE NO.
<b>CITY</b>	<b>STATE</b>		<b>ZIP</b>
<b>FOREIGN PROVINCE</b>	<b>FOREIGN POSTAL CODE</b>	<b>FOREIGN COUNTRY</b>	
<b>EFFECTIVE DATE OF CHANGE</b> (mm/dd/ccyy)			E-MAIL ADDRESS
MARITAL STATUS CHANGE/CORRECTION PRINT			
<b>MARITAL STATUS/EFFECTIVE DATE OF CHANGE</b> (mm/dd/ccyy)			
MARRIED	/	/	DIVORCED / / WIDOWED / /
SOCIAL SECURITY NUMBER CHANGE/CORRECTION PRINT			
<b>PREVIOUS SOCIAL SECURITY NUMBER</b>	<b>NEW SOCIAL SECURITY NUMBER</b>		<b>EFFECTIVE DATE OF CHANGE</b>
MEMBER AUTHORIZATION			
<b>SIGNATURE OF MEMBER</b>			<b>DATE</b>