



State of New Mexico
 General Services Department
 Risk Management Division
 Employee Benefits Bureau

Local Public Body - Request for Change / Correction

Date: _____ Agency Name / Code: _____

Group Rep Name: _____ Contact Phone No.: _____

Employee Name: _____ Employee SS No.: _____

Is correction for Employee or Dependent? _____

Dependent Name: _____ Dependent SS No.: _____

Reason for Change / Correction:

Type of Change / Correction:

Name Change / Correction: Employee _____ Dependent _____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth Correction:

Month: _____ Date: _____ Year: _____

Gender Correction:

Male: _____ Female: _____ Employee _____ Dependent _____

SS Number Correction:

Number: _____ Employee _____ Dependent _____

Address Change / Correction:

_____ Address

_____ City, State, Zip

Phone Number Change / Correction:
