



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:

Employee \_\_\_\_\_ Dependent \_\_\_\_\_

Male: \_\_\_\_\_

Female: \_\_\_\_\_

SS Number Correction:

Employee \_\_\_\_\_ Dependent \_\_\_\_\_

Number: \_\_\_\_\_

Address Change / Correction:

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

Phone Number Change / Correction:

\_\_\_\_\_