



Return completed forms to:
PO Box 26129 Santa Fe, NM 87502-0129

1(866) 691-2345

Change of Address Form

If you are retired, NMERB must receive this completed form by the 10th of the month in order to become effective the same month. Forms received after the 10th of the month, will become effective the following month.

Check one of the following boxes:

Active employee

Retired Member

Inactive employee

Beneficiary

Social Security Number: _____

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Phone number(s): _____

Email address: _____

I hereby authorize the NMERB to change my address as indicated above.

Signature: _____

Date

NMERB Use Only:

Effective Date: _____

Entered By: _____