

CSEA Employee Benefit Fund Name Change Form



Please complete this form to change your name (PLEASE PRINT)

**Only complete this form after the name has been legally changed.
Provide an updated copy of one of the following forms of proof:**

- Legal Name Change Paperwork
- State issued Driver's License
- Birth Certificate
- Social Security Card
- Passport/Passport Card/NEXUS/VISA
- Government issued Photo Employee Identification Card

Do not send originals. All documents are shredded after processing.

Member's Name _____ EBF ID # _____

Person changing their name: Member Spouse Dependent Child Other (Explain) _____

Reason for change (Explain) _____

Effective Date of Name Change _____

Name **Prior** to Legal Change _____

New Legal Name _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____

Daytime Phone # _____ Email _____

Member's Signature _____ Date _____

This form must be fully completed and signed by the Member. All required documentation must be attached. **Incomplete forms will be returned.**

Additional documentation may be required to process a name change. The Employee Benefit Fund will contact the Member if additional information is needed.

MAIL COMPLETED FORM TO

**CSEA Employee Benefit Fund
PO Box 516
Latham, NY 12110-0516**