CSEA Employee Benefit Fund
Name Change Form

CSEA NEW YORK
Employee Benefit Fund

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.

A marriage certificate and/or divorce decree is not legal proof of a name change.

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