

**Change of Name/Address for Non-Active Employees**

PLEASE CHECK ALL THAT APPLY. <input type="checkbox"/> NAME CHANGE* <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> EMAIL ADDRESS CHANGE <input type="checkbox"/> PHONE NUMBER CHANGE		SOCIAL SECURITY NUMBER
PLEASE CHECK ONE. <input type="checkbox"/> COBRA <input type="checkbox"/> DISPLACED WORKER <input type="checkbox"/> RETIREE <input type="checkbox"/> VESTED <input type="checkbox"/> LONG TERM DISABILITY (LTD) <input type="checkbox"/> SPOUSE OF A DECEASED RETIREE <input type="checkbox"/> FORMER SPOUSE OF AN EMPLOYEE OR RETIREE <input type="checkbox"/> SPOUSE OF A DECEASED EMPLOYEE		
CURRENT NAME	FORMER NAME (IF APPLICABLE)	
CURRENT ADDRESS	FORMER ADDRESS (IF APPLICABLE)	
CURRENT EMAIL ADDRESS	FORMER EMAIL ADDRESS (IF APPLICABLE)	
CURRENT PHONE NUMBER	FORMER PHONE NUMBER (IF APPLICABLE)	
REASON FOR CHANGE: <input type="checkbox"/> DIVORCE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (EXPLAIN: _____)		
SIGNATURE	DATE	PHONE NUMBER

***FOR NAME CHANGES YOU MUST INCLUDE A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVERS LICENSE SHOWING YOUR NEW NAME.**

DISTRIBUTION – BENEFIT PLANS USE ONLY	
COBRA <input type="checkbox"/> COBRA <input type="checkbox"/> Savings Program DISPLACED WORKER <input type="checkbox"/> Savings Program RETIREE <input type="checkbox"/> Savings Program	VESTED <input type="checkbox"/> Savings Program LTD <input type="checkbox"/> Disability Services - LTD <input type="checkbox"/> Metropolitan Life Ins. Co. <input type="checkbox"/> Savings Program <input type="checkbox"/> Staffing <input type="checkbox"/> CIGNA

Submit completed form via mail or email to Benefits:

<p align="center">Benefits PO Box 30020 Amarillo, TX 79120-0020 Local: (806) 573-1100 Fax: (806) 573-6805 Email: BenefitsPantex@pantex.doe.gov</p>
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*Customer Service Representatives are available:
Monday through Thursday from 7:00 a.m. to 3:30 p.m. CST*