



MARITAL STATUS CHANGE FORM

PLEASE CHANGE MARITAL STATUS TO: Single [] Married []

NAME OF PERSON RECEIVING PENSION BENEFIT:

Name: (Last) _____ (First) _____ (Middle Initial) _____

GE #: _____ Last 4 of Social: XXX-XX-_____ Telephone #: _____

Street Address / or P.O. Box _____

City _____ State _____ Zip Code _____

Email: _____

DOCUMENTS REQUIRED BY PENSION OFFICE:

If changing from single to married, please provide these documents:

- Copy of Marriage Certificate _____
• Copy of Spouse's Driver's License _____
• Copy of Spouse's Social Security Card _____
• Copy of Spouse's Birth Certificate _____

If changing from married to single, please provide these documents:

- Divorce Decree _____

DATE CHANGE IS EFFECTIVE: _____

Today's Date _____

Signature of Person Receiving Pension _____