



1.866.464.6832

### CHANGE OF NAME/ADDRESS

**NAME CHANGE** Effective Date \_\_\_\_\_

Participant Name \_\_\_\_\_

New Name \_\_\_\_\_

Employee ID \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Copy of marriage certificate attached or

Copy of Nevada drivers license attached

Daytime Telephone \_\_\_\_\_ Ext \_\_\_\_\_

**CHANGE OF ADDRESS** Effective Date \_\_\_\_\_

Participant Name \_\_\_\_\_

Old Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Telephone \_\_\_\_\_  Home  Work  Mobile

**Please Fax Completed Form to NDC at (775) 684-3399  
or email to: [deferredcomp@defcomp.nv.gov](mailto:deferredcomp@defcomp.nv.gov)**