

Retiree Personal Data Change Form

First name _____ Middle _____ Last name _____

Employee ID _____

Phone number _____ Email address _____

Please choose the applicable category for the change request.

Reason

Marriage
Divorce
Legal name change

Please provide us with your new name

Marital Status

Married
Single
Widow

Please include a copy of a marriage certificate, death certificate, divorce decree, legal document showing the name change or a government issued ID reflecting the new name. If you are requesting a marital status update including a name change please include marital certificate along with name change documents.

For date of birth, gender updates, please include a copy of a government issued ID or for a Social Security number update please provide a copy of your Social Security card.

Date of birth correction

Please provide us with the correct birth date

Gender: Female Male

Social Security number correction

Please provide the correct social security number

Phone number change

Previous phone number _____ New phone number _____



Address change

Permanent address - functions as your tax address. It also is used for your geographical area to determine health plan availability and mailings.

Street address _____
City _____ State _____ Zip code _____

If applicable - Alternate address

Should only be used if you want your company health benefit's geographical eligibility, and all other company mailings sent to an address other than your permanent residence.

Street address _____
City _____ State _____ Zip code _____

I have included a government issued ID or utility bill showing the new address

Return completed, signed, and dated form to one of the following:

Retirement Services Department:

Mail:

PO Box 619616 MD 8A207,

DFW Airport, TX 75261

FAX (682)275-9007

e-mail Retirement.Services@aa.com

I hearby authorize American to change my information as stated above.

Signature

Date