

## 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, 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 both marital documents and name change documents.***

***For Date of Birth corrections please include a copy of a government issued ID or for a Social Security number correction please provide a copy of your Social Security card.***

**Date of birth correction**

Please provide us with the correct birth date

\_\_\_\_\_

**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:***

***American Airlines HR Services  
P.O. Box 619616, MD 5146 HDQ1  
DFW Airport, TX 75261-9616***

***FAX 817-967-6335***

***e-mail Retirement.Services@aa.com***

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**