



New Mexico Public Schools Insurance Authority

Eligibility Administrative Office: Erisa Administrative Services, Inc. • Phone: (800) 233-3164 or (505) 988-4974 • Fax: (505) 988-8943

SCHEDULE C -- STATE FILED MARRIAGE CERTIFICATE REGISTRATION CERTIFICATION

This form is completed when an employee is enrolling a spouse.

Do not send copies of marriage certificate if you are providing this form in lieu of the marriage certificate.

Employee Social Security Number:	Employee Name:	School District / Employer:
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Marriage Certificate Information

Record Book Number:	Page Number:	County/State of Marriage:
Date of Marriage (in mm/dd/yyyy format):		Date of Registration (in mm/dd/yyyy format):
Name of Groom:	Birth Name of Bride:	

CERTIFICATE NUMBER: _____

EMPLOYER CERTIFICATION: I attest, under penalty of perjury, that I have viewed the original State publicly filed Marriage Certificate presented by the above employee and that it appears to be genuine and relates to the spouse requesting enrollment under this policy.

Benefits Specialist Signature

Date

THIS FORM IS TURNED IN WITH THE EMPLOYEE'S ENROLLMENT APPLICATION/CHANGE CARD