



## Benefit Services

MSC 3HRS  
New Mexico State University  
PO Box 30001  
Las Cruces, NM 88003-8001  
Phone: (575) 646-8000  
Fax: (575) 646-2806

### Certification of Birthdate/Adoption or Foster Placement

Please submit this form within 31 days from date of birth for your newborn or 31 days from the date of adoption or placement for adoption/foster care. Form can be sent to Benefit Services via:

- Fax: 575-646-2806
- Interoffice Mail: MSC 3 HRS
- Postal Mail: PO Box 30001, MSC 3 HRS, Las Cruces, NM 88003
- Hand Deliver: Hadley Hall Room 17
- Email: [fmla@nmsu.edu](mailto:fmla@nmsu.edu) (NMSU does not have a secure e-mail server)

Aggie ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Infant/Child Name: \_\_\_\_\_

Infant Date of Birth or Date of Adoption/Foster Placement: \_\_\_\_\_

I certify that the information supplied on this form is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completion of this form **DOES NOT** enroll your child in health benefits. Please note there is a separate process for adding a child to your health benefits that may include a request for additional information. For more information on adding dependents to benefits please visit <http://benefits.nmsu.edu/enrollment/changes/> or contact Benefit Services at (575) 646-8000.