

## CHANGE OF NAME/ADDRESS FORM

TO: Department of Budget and Management  
Employee Benefits Division  
301 W. Preston Street  
Room 510  
Baltimore, Maryland 21201

FROM: \_\_\_\_\_ (Name of Employee/Retiree)

RE: **Change of Name and/or Address for Health Benefit Plans**

**Active Employee:** \_\_\_\_ **Satellite Employee:** \_\_\_\_ **Direct Pay:** \_\_\_\_ **Retiree:** \_\_\_\_

Please advise my benefit plans of my new name and/or address as follows:

**EMPLOYEE/RETIREE SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**EMPLOYEE/RETIREE NAME:**

OLD NAME: \_\_\_\_\_

NEW NAME: \_\_\_\_\_

**NOTE: Legal proof of name change must be attached to this form.**

**NEW ADDRESS:** \_\_\_\_\_  
Street

City State Zip

**NEW HOME PHONE #:** \_\_\_\_\_

**WORK PHONE #:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
Employee/Retiree Signature

\_\_\_\_\_  
Agency Benefits Coordinator Signature  
(Active employees only)

Date \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agency Name & Code

**Note:**

**Active Employees:** Payroll Change-of-Address Card **MUST** be sent to Central Payroll Bureau at the same time.

**Retirees:** Signed Change-of-Name or Address letter **MUST** be sent to the Maryland State Retirement Agency at the same time.