

# LAW – MILITARY NOTIFICATION FORM

## MEMORANDUM

DATE: \_\_\_\_\_

TO: Direct Pay Unit  
Employee Benefits Division

FROM: Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

SUBJECT: LAW MILITARY NOTIFICATION

The following individual is on being enrolled in LAW Military:

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

Employee SSN: \_\_\_\_\_

Departing Date: \_\_\_\_\_

Returning Date: \_\_\_\_\_

Appropriation Code: \_\_\_\_\_  
Agency PCA TC R Stars Sub Object

Member Election Status:

- \_\_\_\_ Member elects to continue benefits with no changes.
- \_\_\_\_ Member elects to cancel ALL benefits at this time.
- \_\_\_\_ Member elects to change benefit coverage level (enrollment form must be attached)

- Special Notes: 1. Active Military orders must be attached.  
2. Enrollment form must be attached if changes to benefit coverage levels.

Fax to: (410) 333-7104      Or      Mail To: Employee Benefits Division  
Attn: Direct Pay Unit  
301 W. Preston Street, Room 510  
Baltimore, MD 21201