

CONTRACT RENEWAL NOTIFICATION FORM

DATE: _____

TO: Enrollment Unit
Employee Benefits Division

FROM: Name: _____

Agency: _____

Agency Code: _____

Phone No: _____

Fax No: _____

Email: _____

The following employees' contracts have been renewed:

Employee Name	SSN	DOB	New Contract End Date

Special Note: Changes in benefits are not allowed due to contract renewal.

Fax to: (410) 333-5191

Or

Mail To: Employee Benefits Division
Attn: Enrollment Unit
301 W. Preston Street
Room 510
Baltimore, MD 21201

Scan and email to: ebd.mail@maryland.gov