LAW – MILITARY NOTIFICATION FORM

DATE: _____

TO: Enrollment Unit
Employee Benefits Division

FROM: Name: _____

Agency: _____

Agency Code:_____

Phone No: _____

Fax No: _____

Email: _____

The following individual is 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)
____ Extension of Military Duty - Extension End Date: _____

Special Notes: 1. Active Military orders must be attached for both initial enrollment and extension.
2. Enrollment form must be attached if changes to benefit coverage levels.

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

Revised 12/9/11