

EMPLOYEE BENEFITS DIVISION PERSONAL INFORMATION CHANGE FORM

Please complete this form to update the information we have on file for you at the Employee Benefits Division. The Completed form can be faxed to **410-333-7104**; emailed to **ebd.mail@maryland.gov**; or mailed to:

Department of Budget & Management Employee Benefits Division 301 W. Preston Street, Room 510 Baltimore, MD 21201

Status (please check one): (Retiree CC	DBRA Enrollee	
SOCIAL SECURITY NUMBER:_			
NAME:			
(First)	(MI)	(Last)	
If Name Change: NEW NAME:			
(First)	(MI)	(Last)	
IMPORTANT: LEGAL PROOF O	F NAME CHANGE MUST B	E ATTACHED TO THIS FORM	
STREET ADDRESS:		APT:	
CITY:	STATE:	ZIP:	
COUNTRY:			
WORK PHONE:	HOME PHONE:	CELL:	
PERSONAL EMAIL:	WOR	CEMAIL:	

Note: This Personal Information Change Form is only for use within the Employee Benefits Division. If your personal information is not correct with the Central Pay Bureau or the Maryland State Retirement Agency, those agencies need to be contacted independently as a separate form is required.