



DEPARTMENT OF
BUDGET & MANAGEMENT
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 or mailed to:

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

Status (please check one): Active Employee: Satellite Employee:
Direct Pay: Retiree:

EMPLOYEE/RETIREE SOCIAL SECURITY NUMBER: _____

NAME: _____
(First Name) (MI) (Last Name)

If Name Change:

NEW NAME: _____
(First Name) (MI) (Last Name)

IMPORTANT: (Legal proof of name change **MUST** be attached to this form)

Street Address: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ DATE OF BIRTH: _____

WORK PHONE: _____ HOME PHONE: _____

CELL PHONE: _____

PERSONAL EMAIL: _____

WORK EMAIL: _____

Employee/Retiree Signature

Date

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.