



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 COBRA Enrollee

SOCIAL SECURITY NUMBER: _____

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

If Name Change:

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

IMPORTANT: LEGAL PROOF OF NAME CHANGE MUST BE ATTACHED TO THIS FORM

STREET ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____

WORK PHONE: _____ HOME PHONE: _____ CELL: _____

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.