

LAW – UNIFORMED SERVICES 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 Uniformed Services:

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 Uniformed Services Duty - Extension End Date: _____

Special Notes: 1. Active Uniformed Services 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