



MARTIN O'MALLEY  
Governor  
ANTHONY BROWN  
Lieutenant Governor

T. ELOISE FOSTER  
Secretary  
DAVID C. ROMANS  
Deputy Secretary

### **PERSONAL INFORMATION CHANGE FORM**

Please complete this form to update the information we have on file for you at the Employee Benefits Division. This *Personal Information Change Form* can also be found on the Department of Budget and Management website at <http://dbm.maryland.gov/benefits/Pages/Forms.aspx>. The completed form can be faxed to the Enrollment Unit at 410-333-7104 or mailed to:

**Employee Benefits Division  
301 W. Preston Street  
Room 510  
Baltimore, Maryland 21201**

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

EMPLOYEE/RETIREE SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PERSONAL EMAIL ADDRESS: \_\_\_\_\_

WORK EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
**Employee/Retiree Signature**

\_\_\_\_\_  
**Date**

Forms 1/1/2011