EMPLOYEE AGENCY TRANSFER NOTIFICATION

This form is essential to ensure that benefit deductions are transferred to the new agency code and no lapse in coverage occurs. This form must be received by the Employee Benefits Division no later than one week prior to the transfer date.

TO: Office of Personnel Services and Benefits
Employee Benefits Division

FROM: Agency Appointing Authority/Designee

PLEASE TRANSFER THE BENEFIT DEDUCTIONS FOR THE FOLLOWING EMPLOYEES

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>SSN</th>
<th>DOB</th>
<th>Transferring From Agency/Check Dist. Code</th>
<th>Transferring To Agency/Check Dist. Code</th>
<th>Effective Date</th>
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If you need more space, please attach a separate sheet with the above information to this form.

APPROVAL:

Print Name of Appointing Authority/Desigee __________________________ Date ________________

Signature of Appointing Authority/Desigee __________________________ Date ________________

FAX THIS FORM TO: (410) 333-5191

Agency FAX#__________________________ Agency PHONE#______________________________

07/2009