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 www.dbm.maryland.gov/benefits then click on Forms. 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, Maryland 21201

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

EMPLOYEE/RETIREE SOCIAL SECURITY NUMBER: __________________________

NAME: __________________________

If Name Change:
NEW NAME: __________________________
(Legal proof of name change MUST be attached to this form)

STREET ADDRESS: __________________________

CITY: __________________________ STATE: __________________________ ZIP: __________________________

DATE OF BIRTH: __________________________

WORK PHONE: __________________________ HOME PHONE: __________________________

CELL PHONE: __________________________

PERSONAL EMAIL ADDRESS: __________________________

WORK EMAIL ADDRESS: __________________________

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 Payroll Bureau or the Maryland State Retirement Agency, those agencies need to be contacted independently as a separate form is required.