

Revised 08/04  
**Change of Name/Address Form**

TO: Department of Budget and Management  
Employee Benefits Division  
301 W. Preston Street, Room 510  
Baltimore, Maryland 21201

FROM: \_\_\_\_\_ (Employee Name)

RE: Change of Name and/or Address for Benefit Plans

Active Employee       Direct Pay Enrollee       Satellite Employee       Retired Employee

Please advise my benefit plans of my new name and/or address as follows:

EMPLOYEE SOCIAL SECURITY NUMBER: --

EMPLOYEE NAME: (You must attach legal documentation of your name change to this form.)

Old Name: \_\_\_\_\_  
Last First MI

New Name: \_\_\_\_\_  
Last First MI

NEW ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_ City or Town State Zip

NEW HOME PHONE: \_\_\_\_\_  
Area Code Number

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

\_\_\_\_\_  
Agency Benefit Coordinator Signature (Active Employees Only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency & Phone Number

**NOTE for Active Employees:** Payroll Change-of-Address Card and Name Change **MUST** be sent to the Central Payroll Bureau at the same time.

**NOTE for Retired Employees:** Signed Change of Name or Address Letter **MUST** be sent to the Maryland State Retirement Agency at the same time.