



DEPARTMENT OF BUDGET & MANAGEMENT

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 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.