



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](http://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: \_\_\_\_\_  
(First Name) (M.I.) (Last Name)

If Name Change:

NEW NAME: \_\_\_\_\_  
(First Name) (M.I.) (Last Name)

**IMPORTANT:** 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.