



Contact Information Change Request

Important:

- Please send both pages of your completed form to us.
- If you are a retiree, beneficiary receiving a monthly benefit or vested former member, use this form to change your name, address, email and/or phone number on your Maryland State Retirement and Pension System account.
- If you are an active member, use this form to change your email and/or phone number. All other changes should be submitted through your employer.
- If you have retiree health insurance, this form will **not** change the name on the record of your health insurance provider. Contact your insurance provider to make this change.

Your Current Information on File

Social Security Number

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial

--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Change(s) Requested

Important: Complete **only** the sections of information **you wish to change**. Leave all other sections **blank**.

Name Change (Retirees, Beneficiaries and Vested Only)

Enter your name change below. Enclose a **copy** of one of the following as proof of legal name change: court order, marriage certificate, divorce decree, certificate of naturalization, valid U.S. passport, valid U.S. driver's license, or valid U.S. state-issued non-driver's identification card. If you are not changing your name, leave this section blank.

First Name

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Initial

--	--

Last Name

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Mailing Address Change (Retirees, Beneficiaries and Vested Only)

Enter your **new** mailing address below. If you are not changing your address, leave this section blank.

Street Address

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Miscellaneous

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City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

ZIP Code

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Please turn to page 2.



