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MEMBER/BENEFIT RECIPIENT DATA UPDATE

Former

Member/Benefit
Recipient Name:

(Prefix)	(First)	(MI)	(Last)	(Suffix)

Social Security Number: Date of Birth:

(mm)	(dd)	(yyyy)

Home E-mail Address:

Home Telephone Number: Daytime Telephone Number:

Name Change/Correction

New Name:

(Prefix)	(First)	(MI)	(Last)	(Suffix)

Address Change/Correction

New Mailing
Address:

(Address Line 1)

(Address Line 2)

(City/Town)	(State)	(ZIP)

Effective Date of Change:

(mm)	(dd)	(yyyy)

To be signed by either the Member/Benefit Recipient or the Employer. Only ONE signature is required.

(Signature of Member/Benefit Recipient) _____ (Date) _____ (Member/Benefit Recipient Name) *(please print)*

(Signature of Employer) _____ (Date) _____ (Employer Certifying Official) *(please print)*

(Employer Location Code) _____ (Employer Phone Number)