



P.O. Box 349
 Augusta, ME 04332-0349
 Telephone: (207) 512-3100
 Toll-free: 1-800-451-9800
 Fax: (207) 512-3101
 TTY: (207) 512-3102

MEMBER/BENEFIT RECIPIENT DATA UPDATE

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)