



# MEBA BENEFIT PLANS

MEBA MEDICAL & BENEFITS PLAN

MEBA PENSION TRUST

MEBA TRAINING PLAN

MEBA VACATION PLAN

1007 EASTERN AVENUE, BALTIMORE, MARYLAND 21202-4345 • (410) 547-9111

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Member: \_\_\_\_\_

Alt ID#: \_\_\_\_\_

Dear Participant:

Subject: **Change of Address**

In order to properly update our system, we request that you verify your permanent mailing address, and any temporary address as it should be shown in our system. Please note that only the member can verify this information, or a designated person(s) assigned by you with a Power of Attorney on file with the MEBA Medical and Benefits Plans. Should you have any questions regarding this form, please call 1-800-811-6322 (MEBA) and ask for the Member Services Department. If faxing your information, the fax number is 1-410-547-6665.

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #:

\_\_\_\_\_

Fax#:

\_\_\_\_\_

E-Mail Address:

\_\_\_\_\_

Cell Phone #:

\_\_\_\_\_

Mailing Address:

(If different from permanent address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member's Signature

M/S-Add Verif 09.10

Date: