



MEBA MEDICAL & BENEFITS PLAN

MEBA PENSION TRUST

MEBA TRAINING PLAN

MEBA VACATION PLAN

BENEFIT PLANS

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

COBRA BENEFICIARY DESIGNATION FORM

I designate the following person(s) as my beneficiary(ies) to receive any unpaid medical benefits which may be reimbursable from the MEBA Medical and Benefits Plan upon my death.

Name _____

Address _____

Relationship _____

Name _____

Address _____

Relationship _____

Signature of Continuation Applicant

Date Signed