



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

REQUEST FOR USCG DRUG TESTING FORM

CG-719P (REV 2/18)

NAME: _____

SSN: _____

DATE OF TEST: _____

SPECIMEN ID#: _____

Please send my CG Form 719P to the following address:

DONORS SIGNATURE _____ Date: _____

Your request can be faxed to University Services 1-215-637-7944 or

Email your request to: uscg@userservices.com