



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 Medical Department. If faxing your information, the fax number is 1-410-659-1675. Email a PDF copy to medical@mebaplans.org

Permanent Address: _____

Telephone #: _____

Member Date of Birth: _____

E-Mail Address: _____

Cell Phone #: _____

Mailing Address:
(If different from permanent address) _____

Member's Signature: _____ Date: _____