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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

For a complete name change (i.e., Paul David Huson to Bono), please submit a copy of the court order or other documentation of the change with your signed form.

New Name:
(Prefix) (First) (MI) (Last) (Suffix)

Current 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)