

46 State House Station Augusta, ME 04333-0046 Telephone: (207) 512-3100 Toll-free: 1-800-451-9800 TTY: (207) 512-3102

MEMBER/BENEFIT RECIPIENT DATA UPDATE

MEMBER/BENEFIT RECIPIENT NAME: Last SOCIAL SECURITY NUMBER:		First	M1
NAMECHANGE/CORRECTION			
PREVIOUS NAME:	st	First	MI
EFFECTIVE DATE OF CHANGE:	Month/Day/Year		
ADDRESS CHANGE/CORRECTION			
NEW ADDRESS:	Address Line 1		
	Address Line 2		Сисионос
	City/State/ZIP		
PREVIOUS ADDRESS:	Address Line 1		
	Address Line 2		
	City/State/ZIP		
EFFECTIVE DATE OF CHANGE:	Month/Da y/Year		
To be signed by either the Member/	Benefit Recipient or the Emp	loyer. Only ONE signature is	required.
Signature of Member/Benefit Recipient	Date	Member/Benefit Recipient Na	me (please print)
Signature of Employer	Date	Employer Certifying Official (p	lease print)
Employer Code	Employer Phone N	umber	