



FOR OFFICE USE ONLY

Completed By: _____



Please complete this form and submit it with a copy of the supporting documentation for you and/or your dependent.

Employee/Retiree Name: _____

Employee ID Number or Last 4 of SSN: _____

Employee Date of Birth: _____

Documentation Attached*:

- Marriage Certificate
- Birth Certificate or Court/Adoption Order
- Social Security Card
- Divorce Decree
- State Issued ID
- Other: _____

*Please Note: All supporting documentation must be received within **thirty (30) days** of hire or within **thirty (30) days** of the Qualifying Life Event.

Documentation can be submitted by:
Fax: 301-883-6192
Email: Benefits365@co.pg.md.us
Mail: 1400 McCormick Drive, Suite 245, Largo, MD 20774