

**Garrett County Board of Education  
40 S. Second Street  
Oakland, MD 21550**

**Name/Address Change**

**Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

\_\_\_\_\_ Change of Name  
From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Change of Address  
New Address:  
\_\_\_\_\_  
\_\_\_\_\_

**New Telephone #:** \_\_\_\_\_

\_\_\_\_\_ **UMR/United Healthcare Member ID #** \_\_\_\_\_

\_\_\_\_\_ **Delta Insurance – Delta Dental Insurance**

\_\_\_\_\_ **Vision Insurance – National Vision Administrators**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_