

# Allegany County Commissioners

## Retiree Address and Telephone Number Update Form for Health Insurance

Group T652

PLEASE FILL-OUT AND RETURN TO: Allegany County Commissioners  
701 Kelly Road  
Cumberland, MD 21502  
**Attn: Human Resources**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of Coverage (Family, Husband/Wife, Parent/Child, Individual) : \_\_\_\_\_

1. Name of Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

2. Name of Dependent: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

3. Name of Dependent: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

4. Name of Dependent: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Extra Page If Needed.  
Please staple to the first page and return both pages.

5. Name of Dependent: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

6. Name of Dependent: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_