

**MONTGOMERY COUNTY
OFFICE OF HUMAN RESOURCES
HEALTH INSURANCE TEAM**



AccessMCG Login Username Change Form

For Participating Agency Employees and Retirees in the Retirement Savings (RSP) Plan and Guaranteed Retirement Income Plan (GRIP)

Last 4 digits of your Social Security Number: _ _ _ _

Please print clearly:

Name: _____
 Last First Middle Initial

Phone: (____) _____ (____) _____
 Home Cell

**Write your NEW email address below (to be used when logging on to
www.montgomerycountymd.gov/AccessMCG):**

⇒ _____

You will be notified once the update is completed.

SIGNATURE: _____ **DATE:** _____

You have two options to return this form:

- *Fax to:* 240-777-5131

- *Mail to:* OHR Health Insurance Team
101 Monroe St 7th Floor
Rockville, MD 20850