

MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

Change of Address or Name Form



Your Social Security Number:

XXX - XX - _____

Please print clearly:

Name: _____
Last First Middle Initial

FORMER Name, if reporting name change: _____
▲ Legal documentation for name change must be attached ▲

New Home Address: _____
Street Name

County City State Zip

New Home Phone: _____ Other Phone: _____

Email Address: _____

If you are moving out of the State of MD, please indicate if you would like
MD state taxes to be stopped. YES NO

SIGNATURE OF ANNUITANT: _____ DATE: _____

Please return the completed form to: **Montgomery County Employee Retirement Plans**
101 Monroe Street, 15th floor
Rockville, MD 20850
phone: 240-777-8230 fax: 301-279-1424

IMPORTANT! Please refer to the additional information shown on the back of this form.

Important notes

- ***If you are moving out of the state of Maryland and have completed a change of address form:***
 - By submitting the completed form we will stop withholding Maryland State tax from your monthly retirement payment. As we do not withhold state taxes for states other than Maryland, we advise you to contact your tax or financial advisor as you may need to make estimated tax payments to your new state of residence.

- ***If you are moving into the state of Maryland and have completed a change of address form:***
 - You will need to complete the Maryland State tax withholding form MW 507P. You may obtain a copy of this form by:
 - Visiting our website at:
http://www.montgomerycountymd.gov/mcerp/ers/taxes_retired.html
 - or calling 240-777-8230

- ***To determine if your move may impact your health insurance, contact the OHR Health Insurance Team via MC311 at 240-773-6471 between 7:00 AM – 7:00 PM, Monday – Friday or online at <http://www3.montgomerycountymd.gov/311/Home.aspx>.***