

EMPLOYEE AGENCY TRANSFER NOTIFICATION

This form is essential to ensure that benefit deductions are transferred to the new agency code and no lapse in coverage occurs. This form must be received by the Employee Benefits Division no later than one week prior to the transfer date.

TO: Office of Personnel Services and Benefits
Employee Benefits Division

FROM: _____
Agency Appointing Authority/Designee

PLEASE TRANSFER THE BENEFIT DEDUCTIONS FOR THE FOLLOWING EMPLOYEES

Employee Name	SSN	DOB	Transferring From Agency/Check Dist. Code	Transferring To Agency/Check Dist. Code	Effective Date

If you need more space, please attach a separate sheet with the above information to this form.

APPROVAL:

Print Name of Appointing Authority/Designee

Date

Signature of Appointing Authority/Designee

Date

FAX THIS FORM TO: (410) 333-5191

Agency FAX# _____

Agency PHONE# _____