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Maryland Teachers & State Employees Supplemental Retirement Plans

Benefit Coordinator Update Form

To ensure that your agency receives all information distributed by MSRP, please notify us of any changes to your contact information. Please be sure to include your email address and print clearly.

Agency Code: _____

Agency Name: _____

Contact Name: _____

Address: _____

City/State/Zipcode: _____

Agency Phone: _____

Agency Fax: _____

Email: _____

Please fax completed form to **410-659-0349**.

