



**DEPARTMENT OF  
BUDGET & MANAGEMENT**

*MARTIN O'MALLEY*  
Governor

*ANTHONY BROWN*  
Lieutenant Governor

*T. ELOISE FOSTER*  
Secretary

*DAVID C. ROMANS*  
Deputy Secretary

**OPSB BAS Registration Form  
Agency Benefits Coordinators**

**Check One:      NEW                  CHANGE                  INACTIVATE                  REPLACEMENT\***

**\*Name of person this coordinator is replacing:**

**Agency Stars Code (6 Digits):**

**Check Distribution Codes (Indicate particular codes or a range of codes for which access will be required):**

**Coordinator Name:**

**Coordinator Agency:**

**Coordinator Mailing Address:**

**Coordinator Phone Number:**

**Coordinator Email Address:**

**Coordinator Signature: \_\_\_\_\_**

**Date:**

**Agency Authorizing  
Official Signature: \_\_\_\_\_**

**Date:**

**MUST HAVE ORIGINAL COORDINATOR AND AUTHORIZING OFFICIAL SIGNATURES**

**Use One Registration Form Per Coordinator  
Mail to Employee Benefits Division  
301 W. Preston Street, Room 510  
Baltimore, MD 21201**

**FOR DBM USE ONLY**

**EBD Authorization: \_\_\_\_\_**

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

**IT Security Authorization: \_\_\_\_\_**

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