

NAME:

MEBA MEDICAL & BENEFITS PLAN
MEBA PENSION TRUST
MEBA TRAINING PLAN
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BENEFIT PLANS

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REQUEST FOR USCG DRUG TESTING FORM CG-719P (REV 2/18)

SSN:	
DATE OF TEST:	
SPECIMEN ID#:	
Please send my CG Form 719P to the	following address:
	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
DOMORS SIGNATURE	Data
DONORS SIGNATURE	Date:
Vour request can be faved to Universi	

Your request can be faxed to University Services 1-215-637-7944 or

Email your request to: uscg@uservices.com