**DEPARTMENT OF THE NAVY**

 **HEADQUARTERS UNITED STATES MARINE CORPS**

**3044 CATLIN AVENUE**

**QUANTICO, VIRGINIA 22134-5103**

**IN REPLY REFER TO:**

12800

 MRG

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Dear ^ ^:

 Per your request, enclosed is NAVMAC 12000/499 form to [placeholder for reason for update]. Please complete the highlighted areas, sign, and return to this office to update your coverage. Your requested change will not take effect until the completed form is returned to our office. Please be aware that coverage will be effective the month following receipt of the signed form.

 If emailing, please return the completed form to the following email address: HQBENEFITS@USMC-MCCS.ORG. Please ensure that all documents are password protected prior to emailing. If you have any questions on how to securely password protect, please contact us.

 If mailing, please return the completed form to the following address: HEADQUARTERS U.S. MARINE CORPS, HUMAN RESOURCES SUPPORT BRANCH, BUSINESS & SUPPORT SERVICES DIVISION (MRG), 3044 CATLIN AVENUE, QUANTICO, VA 22134-5099.

 Our point of contact is ^ ^ ^ at (703) 432-0420, fax (703) 432-0402, hqbenefits@usmc-mccs.org.

 Sincerely,

[Name}

 Employee Benefits Program Manager

 Human Resources Support Branch (MRG)

 Business & Support Services Division

 Headquarters, U.S. Marine Corps

Enclosure: 1. NAVMAC 12000/499