



CHANGE OF ADDRESS NOTIFICATION

SOCIAL SECURITY NUMBER:

Your Social Security number is necessary for identification of your TRS account.

NAME: _____
 (Please print in black ink or type)

OLD MAILING ADDRESS:

City, State _____ Zip _____

NEW MAILING ADDRESS:

City, State _____ Zip _____

Signature _____
 (Required before address will be updated.) _____ Date signed _____

This form is used to make corrections to your mailing address. If you have a name change or a beneficiary change, contact your school business office or TRS for the appropriate form. To correct a Social Security number, send TRS a copy of your Social Security card.

ASSURED BENEFITS ADMINISTRATORS
 4100 RIO BRAVO, SUITE 211, EL PASO, TEXAS 79902
BENEFIT ACTION FORM

ACTION: **TERMINATION**

CHANGING CURRENT INFORMATION

OTHER

<input type="checkbox"/> TERMINATE IHB <input type="checkbox"/> TERMINATE MEDICAL/PRESCRIPTION <input type="checkbox"/> TERMINATE MEDICAL ONLY (Medigap Participants Only) <input type="checkbox"/> TERMINATE PRESCRIPTION ONLY (Medigap Participants Only)	<input type="checkbox"/> ADDRESS <input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> EXTEND TERMINATION DATE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PHONE <input type="checkbox"/> ADD COORDINATION OF BENEFITS <input type="checkbox"/> FROM HEALTH TO IHB <input type="checkbox"/> FROM COBRA TO GROUP <input type="checkbox"/> ORDER NEW CARD <input type="checkbox"/> RE-INSTATE W/NO LAPSE IN COVERAGE <input type="checkbox"/> ADD TO COBRA
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ACTION APPLIES TO:

Employee Only
 Employee & Dependents
 Dependents Only

Employee Name _____ Sex _____

Social Security _____ DOB _____

Home Address _____

City _____ State _____ Zip Code _____ Phone _____

OTHER INSURANCE CARRIER _____

IF ACTION APPLIES TO A DEPENDENT(S) PLEASE COMPLETE:

NAME	SOCIAL SECURITY	RELATIONSHIP	SEX	DATE OF BIRTH	OTHER INSURANCE

FOR EMPLOYER USE ONLY

<p>Company No. 985 Location No. <input type="text"/> Plan No. <input type="text"/></p> <p>Effective date for the Above Action _____</p> <p>If Terminating, indicate if eligible for COBRA benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If eligible indicate coverages for which participant may elect to continue under COBRA. Only coverages marked will be addressed in our COBRA correspondence. <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision Section 125 <input type="checkbox"/> Other</p> <p>INDICATE QUALIFYING/NON-QUALIFYING EVENT _____</p> <p>Approved by: _____</p> <p>Date _____</p>	<p>Action Entered By: _____</p> <p>Date of Entry _____</p> <p>If Applicable: COBRA Compliance# _____ PRESCRIPTION DRUG CARD</p> <p>Notified By: _____ Date: _____</p> <p><input type="checkbox"/> Check Box if this form retains any attachments</p> <p><input type="checkbox"/> Check Box if claims should be reviewed for reactivating</p> <p><input type="checkbox"/> Claims Reactivated <input type="checkbox"/> No Claims to be Reactivated</p> <p>Reviewed By: _____</p> <p>Initial if Reactivated: _____</p>
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PERSONNEL DIRECTORY INFORMATION
TYLER INDEPENDENT SCHOOL DISTRICT
SCHOOL YEAR 2000-2001

NAME Mr. _____
Mrs. _____
Ms. _____, _____, _____
Miss _____ Last(Print) First(Print) MI
Dr. _____

Tyler Independent School District employees may choose to open (listed) or close (unlisted) access to their telephone number and address. Unlisted numbers and addresses will not be included in the TISD directory, but may be given to administrators or your supervisor. Please indicate your wishes.

ADDRESS _____
Street or Route, Box Number

City State Zip
ADDRESS *Listed* _____ *Unlisted* _____

TELEPHONE _____
TELEPHONE *Listed* _____ *Unlisted* _____

SCHOOL CAMPUS _____

ASSIGNMENT _____
Grade and/or All Subject Areas -- Be Specific

Social Security # _____

If the information above is a change, please check the appropriate blank below.

NAME CHANGE _____ **FORMER NAME** _____

ADDRESS CHANGE _____

TELEPHONE CHANGE _____

SIGNATURE _____ **DATE** _____