



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.



Change/Termination Request

Request For: Change Addition Deletion Termination

Location: Social Security #:

Employee Name: Requested Effective Date:

MEDICAL

Add Coverage:

Plan A B

List All Dependents To Be Included For Coverage

First Name	Initial	Last Name	Relationship	Sex	Social Security #	Date of Birth

ARE ANY OF YOUR DEPENDENTS COVERED BY A QUALIFIED MEDICAL CHILD SUPPORT ORDER? Yes No
(IF YES COMPLETE INFORMATION BELOW)

Custodial Parent: Name of Dependent:	<input type="text"/>	Custodial Parent: Name of Dependent:	<input type="text"/>
Residential Address:	<input type="text"/>	Residential Address:	<input type="text"/>

Are you or any of your covered dependents covered by any other Medical Insurance?

Yes No

If Yes:

Policy or Group #	Name of Insurance	Who is covered under this Plan?

Delete Coverage:

List All Dependents That Should Be Excluded From For Coverage

First Name	Initial	Last Name	Relationship	Sex	Social Security #	Date of Birth

Address Change: Address: City: State: Zip:

Birthdate: Name Change:

Covered Class: Social Security #:

Phone #: Work Home Other Insurance:

Reason For Change/Termination:

- Marriage Divorce Birth Adoption Transfer Termination of Employment Death Layoff
 Dependent Child Over Age Limit Cobra Transfer Changed Health Coverage QMCSO Other _____

Employee's Signature _____ Date _____

Employer's Signature _____ Date _____

To be completed by TPA: _____

Date Entered/Initials _____ Dated Ordered ID Card _____



PERSONNEL INFORMATION



Name as it appears on your Social Security Card:

Last (Print) First(Print) Middle(Print)

Social Security # _____ Campus _____ Assignment _____

Tyler ISD employees may choose to list or unlist their telephone numbers and address in the Tyler ISD system. Unlisted numbers and addresses will not be given out, except to administrators or your supervisor. Please indicate your wishes below:

Current Address in TISD records: _____

New Address: _____ Listed ___ Unlisted ___

Telephone: Home: _____ Listed ___ Unlisted ___
Cell: _____ Listed ___ Unlisted ___

TISD has a telephone "Alert" system. If there is information that needs to be given to employees, the system will call your home # unless you specify here that you want it to call your cell # _____

If the information above is a change, please check the appropriate blank below:
Name change _____ Former Name _____
Address change _____
Telephone change _____

Signature _____ Date _____