COBRA ADDRESS NOTIFICATION FORM

To the covered employee and plan participants:

It is important that you keep the Mesquite ISD Benefits Office informed of your current address so that all covered individuals under the plan receive timely information about plan benefits and group plan continuation coverage rights. So this form is to be used by you for two purposes:

SECTION 1: NOTIFCIATION OF ADDRESS CHANGE

Plan information is sent to the address you have provided to the Mesquite ISD Benefits Office. Should you move, please complete Section 1 and send the form to the address listed below.

SECTION 2: NOTIFICATION OF COVERED DEPENDENT ADDRESS

When coverage under the group plan begins, or should you experience a COBRA qualifying event in the future, the plan administrator is required to send you information concerning your plan continuation rights. If, upon receiving such a notice, you have a covered dependent whose legal residence is not yours (dependent child covered by court order, living with an ex-spouse, etc.), you are required to provide the plan with a current address so an initial or election notice can be sent to them as well. Please complete Section 2 for this purpose and send to the address listed below.

You should make a copy of this form prior to mailing and you should call the Mesquite ISD Benefits Office within 10 days to ensure the information has been received.

Should you have any questions, please call 972-882-7359. Thank you for your assistance.

SECTION 1: NOTIFCIATION OF ADDRESS CHANGE						
Name of Employee:						
			Name of guardian, ex-spouse, etc.:			
					2. Name of covered dependent:	
					Name of guardian, ex-spouse, etc.:	
			Street address:			
Signature of Reportee	Date					
MAIL COMPLETED FORM TO:	Mesquite ISD Benefits Office					

Mesquite, TX 75150