

Maypearl Independent School District Employee Demographic Change Authorization

Change of Name and/or Address:

Employee (Previous Name)

Employee (Current Name)*

New Mailing Address

City

State

Zip

Physical Address (if different from above)

City

State

Zip

Phone Number: _____

Change of Emergency Contact:

Name of Contact Person

Phone #



TRS ActiveCare Insurance Member

Please check if you are a TRS ActiveCare member. An Application/Change Form will be sent to you to complete to update your demographics for TRS ActiveCare administered by Blue Cross and Blue Shield of Texas.

Employee Signature

Date

* Please attach a copy of updated driver's license and social security card for documentation of name change.