

Name and Beneficiary Change Packet

Enclosed are forms you will need to complete in order to change your name and/or beneficiary. Not all forms may be applicable to you, so please refer to the summary below to determine if you need to complete the form or recycle it.

Name – you can change only after you have your **new social security card with your new name on it** (not the ssn receipt that you requested a new ssn card.....Payroll needs a copy of the new ssn card).

Beneficiary – you can change anytime.

Insurance Changes:

Benefits paperwork (flexible spending benefit election form and insurance applications – forms available in the Benefits Office) must be completed and received in the Benefits Office within **31 days of qualifying event** (marriage/divorce). We need a copy of your marriage license or divorce decree (and insurance letter of eligibility if loss of health coverage). Health insurance changes will be effective 1st of month following event date; other insurance will be effective 1st of month following date paperwork is received, as long as paperwork is completed and received in the Benefits Office within 31 days of event. *Pre-existing condition limitations may apply.*



ONLINE OPTIONS

*If you want to update your address, you change your address with Mesquite ISD Payroll/Benefits/Personnel by logging onto **Employee Self Service**. Go to www.mesquiteisd.org, click on EMPLOYEES, click on icon for **Employee Self Service**.

This electronic address update will feed to the insurance providers *except for*: H.S.A. Bank, Fidelity Life Insurance, LoneStar 529 and 403b providers.. If you are enrolled in these programs, you need to complete the provider's form (if you are not changing your name.....these forms are available online on the Benefits website: www.mesquiteisd.org | STAFF Page | Departments | Benefits Department | Insurance/Beneficiary/Name Change Forms.



Return all completed forms to the Benefits Office unless otherwise noted.

- ✓ SS form - mail to the SS office
- ✓ 403(b) Plan Notice – mail to NPA
- ✓ HSA forms – mail or fax to H.S.A. Bank

• DO YOU HAVE A 403(b)? 457? Annuity? Supplemental retirement account?



- ✓ Contact your provider for beneficiary change forms.
- ✓ **Beneficiary changes are made directly with the provider**; you do not have to send paperwork to National Plan Administrators (NPA) or to the Mesquite ISD Benefits Office.

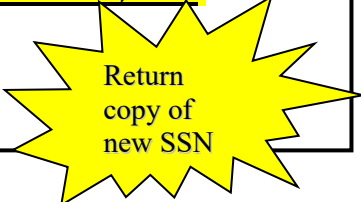
NAME/ADDRESS CHANGE FORMS

By regulation of Internal Revenue Service and Social Security Administration, we are not allowed to change your name on our records until we receive a photocopy of your new Social Security card showing your new name.

Your name CANNOT be changed until we receive a copy of your new Social Security card.

- **SOCIAL SECURITY CARD NAME CHANGE**

- ✓ Follow directions in packet.
- ✓ **Mail to:** **Social Security Administration**, Attention: SSN Unit
2300 Dunson Drive Balch Springs, TX 75180



Return
copy of
new SSN

- **EMPLOYEE STATUS CHANGE FORM**

- ✓ This is a one page form that will come with your documentation from the Benefits Office.
- ✓ This form is used to update name with MISD.
- ✓ Complete the information on the top line (name, ID, location).
- ✓ You do not have to have a supervisor's signature to process a name and/or beneficiary change.
- ✓ NOTE: You update your address by logging onto Employee Self Service.

- **MESQUITE EDUCATION ASSOCIATION (MEA)**

- ✓ If you are a member of the **Mesquite Education Association**, complete this form to change your name and/or beneficiary with the life insurance policy that is a membership entitlement. MEA membership requires annual enrollment.

- **FORM W-4**

- ✓ If you would like to change your withholding allowance (marital status/exemptions), log onto Employee Self Service. If you have any questions, please contact payroll@mesquiteisd.org or 972-882-7335.
- ✓ Click on Pay/Tax Information.
- ✓ Click on W-4.
- ✓ Click on Edit W-4 Values.

- **MISD DIRECT DEPOSIT AUTHORIZATION FORM**

- ✓ Follow instructions on form to set up or change direct deposit with Payroll.
- ✓ If you are **not** making any changes to your current bank account (where direct deposit is already set up), you do not need to complete this form.

- **THE STANDARD INSURANCE COMPANY CHANGE FORM**

- ✓ This form is used to change your name with the **disability insurance** you purchased through The Standard. Fill out "Change" section, and sign/date the form.

- **CHUBB/COMBINED INSURANCE BENEFICIARY CHANGE FORM**

- ✓ This form is to change your name for the **lifetime benefit term insurance** you purchased through CHUBB.

- **LOYAL AMERICAN NAME CHANGE FORM**

- ✓ This form is used to change your name with the **cancer insurance** you purchased through Loyal American. Fill out "NAME CHANGE" section, and sign/date the form. Include your SSN and Address at the bottom of the form. The Benefits Office needs a copy of your marriage license or divorce decree (proof of name change) to process your name change paperwork. (This form is also used to change your beneficiary).

- **FIDELITY LIFE REQUEST FOR SERVICE FORM**

- ✓ This form is to change your name and/or beneficiary for the **lifetime benefit term insurance** you purchased through Fidelity Life. Note, **if you have a spouse, spousal consent/signature is required.** Legal proof of name change is required. Please submit a copy of your marriage license or divorce decree with your name change paperwork.

- **HOSPITAL INDEMNITY REQUEST FOR SERVICE FORM**
 - ✓ This form is to change your name for the **lifetime benefit term insurance** you purchased through MetLife Hospital Indemnity.
- **H.S.A. BANK ACCOUNT INFORMATION CHANGE FORM**
 - ✓ Use this form to change an existing/already established Health Savings Account (HSA). You can 1. Change name due to marriage or legal decree; 2. Change phone numbers and/or email address; 3. Designate a beneficiary.
 - ✓ [Return form \(all 3 pages\) to H.S.A. Bank \(mail or fax\).](#)
- **H.S.A. BANK CHANGE OF ADDRESS NOTIFICATION FORM**
 - ✓ Use this form to update your address with H.S.A. Bank.
 - ✓ [Return form to H.S.A. Bank \(mail or fax\).](#)
- **TEXAS LIFE REQUEST FOR NAME CHANGE FORM**
 - ✓ This form is to change your name for the life insurance you purchased through Texas Life.
 - ✓ You must include a policy number. If you do not know your policy number, contact Texas Life at 1-800-283-9233 for assistance (Mesquite ISD franchise #SM2443).
- **403(b) PLAN NOTICE – THE IMPORTANCE OF NAME & ADDRESS CHANGES AND 403(b) TRANSACTION AUTHORIZATION FORM**
 - ✓ If you have a 403(b), you need to contact your investment provider to have them provide you with the correct form to update your name and/or address.
 - ✓ Complete the investment provider form and NPA’s Transaction Authorization form. [Return both forms to NPA for processing.](#)
- **LONESTAR 529**
 - ✓ For address changes, complete sections #1 and #2 then sign, date and submit. For name changes, complete sections #1 and #3 then sign, date and return with a copy of divorce decree, marriage license or proof that name has legally been changed.
- **NEW HEALTH I.D. CARD MEMO (see enclosed yellow sheet)**
 - ✓ Instructions on updating your name with the Mesquite Employee Health Center (MEHC).

BENEFICIARY CHANGE FORMS

- **BENEFICIARY INFORMATION MEMO**
- **TEACHER RETIREMENT DESIGNATION OF BENEFICIARY FORM**
 - ✓ The Designation of Beneficiary form.
- **MESQUITE EDUCATION ASSOCIATION (MEA) FORM**
 - ✓ If you are a member of the **Mesquite Education Association**, complete this form to change your name and/or beneficiary with the life insurance policy that is a membership entitlement. MEA membership requires annual enrollment.
- **STANDARD INSURANCE COMPANY BENEFICIARY DESIGNATION/CHANGE FORM**
 - ✓ This form is to change your beneficiary for **supplemental term life insurance** or **accidental death and dismemberment insurance** you purchased through TheStandard Insurance Company.

- **CHUBB/COMBINED INSURANCE BENEFICIARY CHANGE FORM**
 - ✓ This form is to change your beneficiary for the **lifetime benefit term insurance** you purchased through CHUBB. Note, **if you have a spouse, spousal consent/signature is required.**
- **FIDELITY LIFE BENEFICIARY CHANGE FORM**
 - ✓ This form is to change your beneficiary with the **lifetime benefit term insurance** you purchased through Fidelity Life. Note, **if you have a spouse, spousal consent/signature is required.**
- **HOSPITAL INDEMNITY REQUEST FOR SERVICE FORM**
 - ✓ This form is to change your beneficiary for the **lifetime benefit term insurance** you purchased through MetLife Hospital Indemnity.
- **TEXAS LIFE BENEFICIARY CHANGE FORM**
 - ✓ This form is to change your beneficiary with the **life insurance** you purchased through Texas Life.
 - ✓ This form must have a witnesses signature for each owner's signature. The witness cannot be a beneficiary.
 - ✓ List/sign your name exactly as it appears on your policy.
 - ✓ All 3 pages of the beneficiary form must be completed.
 - ✓ Each page must include a policy number. If you do not know your policy number, contact Texas Life at 1-800-283-9233 for assistance (Mesquite ISD franchise #SM2443).
- **LOYAL AMERICAN BENEFICIARY CHANGE FORM**
 - ✓ This form is to designate or change your beneficiary with the **cancer insurance** you purchased through Loyal American. Fill out the "CHANGE OF BENEFICIARY" section, sign/date the form. Include your SSn and Address at the bottom of the form. (This form is also used to change your name).
- **H.S.A. BANK ACCOUNT INFORMATION CHANGE FORM**
 - ✓ Complete this form to designate a beneficiary on your Health Savings Account.
 - ✓ **Return form (all 3 pages) to H.S.A. Bank (mail or fax).**
- **DEATH BENEFIT FORM (from Mesquite ISD employee handbook)**
 - ✓ Designate who you want your last paycheck to go to in the event of your death.

