DUNCANVILLE
INDEPENDENT SCHOOL DISTRICT

Writing success stories, one student at a time.

710 S. Cedar Ridge
Duncanville, Texas 75137
Phone: 972.708.2000
Email: hrinbox@duncanvilleisd.org

LOSS OF BENEFITS COVERAGE REQUEST

Please email this form to tbadger@duncanvilleisd.org or fax it to 972-767-0971

Name: _____ Social Security No: XXX-XX-_____

Contact Information			
Street or P.O. Box:	City:	State:	Zip Code:
Phone Number:	Previous Dept/Campus		

☐ Pick-up ☐ Email: _____

Will notify by phone when document is ready for pick-up.

_____ _____

Signature Date

(By typing my name above, I am verifying the information is correct, and electronically signing this request for my records.)

FOR HUMAN RESOURCES USE ONLY		
Date Request Received:	Date Request Completed:	Completed By:

Delivery Method:
☐ Picked up by: _____
☐ Mailed to: _____