



# 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:		
<input type="checkbox"/> Picked up by: _____		
<input type="checkbox"/> Mailed to: _____		