

**ROBERTSON COUNTY SCHOOLS
CERTIFIED NAME AND / OR ADDRESS CHANGE FORM**

EMPLOYEE: Please complete this form and return it to Annette Weeks in Human Resources. All changes will be sent to the Payroll, Technology, and the Finance Office. All certified employees must also log-in to TN Compass and make these changes to keep all records up-to-date.

Previous Employee Name (print): _____

Previous Phone Number: _____

Previous Address: _____

New Employee Name (print): _____

☐ I have attached a copy of my marriage certificate and / or divorce decree so my name can be changed.

New Phone Number: _____

New Address: _____

Last Four Digits of Social Security Number: _____

School: _____ Position: _____

☐ By signing this area I am requesting my name and / or address be changed. If changing my name I understand my name will not be changed until the proper documents are attached to this document.

Employee's Signature: _____ Date: _____

Comments:

Please return this form to Annette Weeks in Human Resources.

FOR OFFICE USE ONLY

Human Resources' Signature: _____ Date: _____

Group Enrollment or Change Form

(Please print or type in Black ink.)

<input type="checkbox"/> New Employee	<input type="checkbox"/> Declination	<input type="checkbox"/> Class or Salary Change
<input type="checkbox"/> Beneficiary Change	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Termination Date: _____
<input type="checkbox"/> Dependent Status Change (Indicate reason _____)		
<input type="checkbox"/> Reinstatement (Complete Date of Rehire as Employment Date)		

Group # _____
Class _____
Dept/Location _____
Eff Date _____

SECTION 1 - APPLICANT INFORMATION

Employee Legal Name (First, M.I., Last)				For Name Change, Give Prior Last Name	
Home Address		City	State	Zip	Telephone No.
Social Security #		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status
Occupation Certified Teacher		Hours worked weekly 37.50		Date Employed Full-time	
Employer's Name Robertson County Board of Education				Salary \$ <u>not applicable</u> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	

SECTION 2 - Complete this Section if applying for Optional Coverage(s). Evidence of Insurability (EOI) may be required when applying for these coverage(s).

Dependent Life	Add <input type="checkbox"/>	Delete -- <input type="checkbox"/> --	Indicate Date of: Marriage/Divorce _____ Birth of Child _____			
Supp Life	-- <input type="checkbox"/> --	-- <input type="checkbox"/> --	Dependents to be Covered	Relationship	Birthdate	SSN
Supp AD&D	-- <input type="checkbox"/> --	-- <input type="checkbox"/> --				
STD	-- <input type="checkbox"/> --	-- <input type="checkbox"/> --				
LTD	-- <input type="checkbox"/> --	-- <input type="checkbox"/> --				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

NOT APPLICABLE

SECTION 3 - BENEFICIARY DESIGNATION /CHANGE ■ Check if Change Only

This will revoke any existing beneficiary designations you may have for these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at death of Employee):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage

Total must equal 100% =

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage

Total must equal 100% =

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. For those coverages I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and a denial of insurance benefits in accordance with applicable state law.

Date


Signature of Employee

Date Received - Home Office

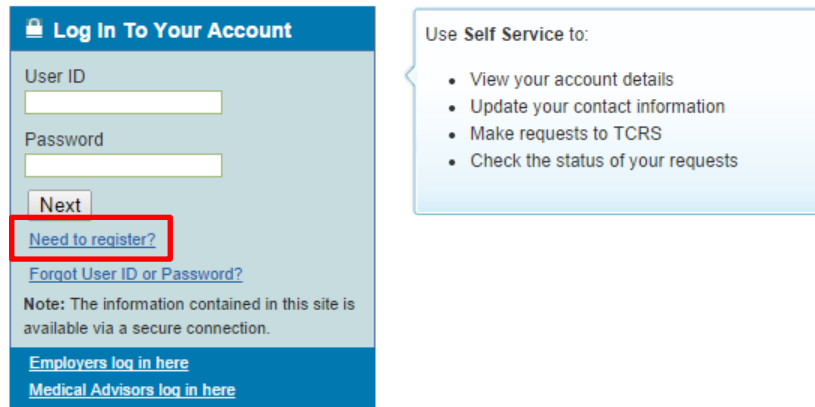
Tennessee Department of Treasury Tennessee Consolidated Retirement System



Welcome to Concord's Member Self-Service! To register for an account, which will allow you to access your TCRS Annual Statement, account history, beneficiary information, and much more, follow the simple steps below.

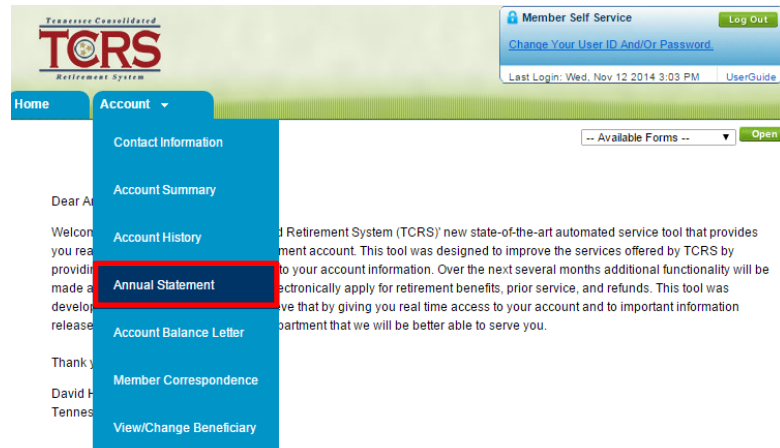
1. Navigate to <http://mytcrs.tn.gov> and click  Self-Service link. (You can also access reference materials via the Concord tab.)
2. From the login page, click Need to register?

Login



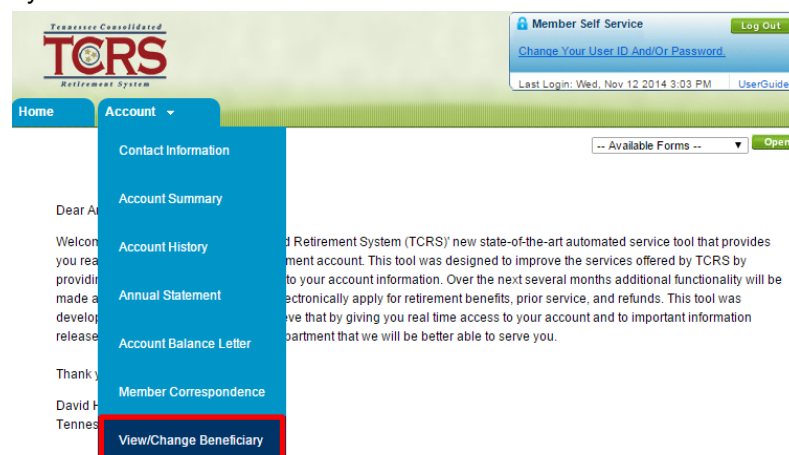
The screenshot shows the 'Log In To Your Account' page. It has fields for 'User ID' and 'Password', a 'Next' button, and a link for 'Need to register?'. A red box highlights the 'Need to register?' link. To the right, a box titled 'Use Self Service to:' lists: 'View your account details', 'Update your contact information', 'Make requests to TCRS', and 'Check the status of your requests'. At the bottom, there are links for 'Employers log in here' and 'Medical Advisors log in here'.

3. Complete the registration process. The process does not require any special information and only asks you to answer personal questions that are applicable to you.
4. Once you have successfully registered and logged in, navigate to Account > Annual Statement to access your 2013-2014 TCRS Annual Statement.



The screenshot shows the 'Member Self Service' page with the 'Account' dropdown menu open. The menu options are: 'Contact Information', 'Account Summary', 'Account History', 'Annual Statement' (highlighted with a red box), 'Account Balance Letter', 'Member Correspondence', and 'View/Change Beneficiary'. The background shows a welcome message and a 'Last Login' timestamp of 'Wed, Nov 12 2014 3:03 PM'.

5. We also strongly encourage all members to verify their beneficiary information. To do so, navigate to Account > View/Change Beneficiary.



This screenshot is identical to the previous one, showing the 'Account' dropdown menu. In this instance, the 'View/Change Beneficiary' option at the bottom of the menu is highlighted with a red box.

Please go to the Searchsoft Application and change your personal information. If you haven't ever completed an on-line application you will not need to do this.

If you have questions, please contact Annette.Weeks@rcstn.net for further information.

Please go to TN
Compass and change
your personal
information. If you
have questions, please
contact
[Annette.Weeks@rcstn.](mailto:Annette.Weeks@rcstn.net)
[net](mailto:Annette.Weeks@rcstn.net) for further
information.