



Washoe County School District RETIREE CHANGE FORM

Last Name	First Name	MI	SSN	Date of Birth
Physical Address	City	State	Zip Code	Phone Number
Mailing Address (if different than Physical)	City	State	Zip Code	Email Address
Effective Date of Change	Type of Retiree ☐ Retired Certified ☐ Retired ESP ☐ Retired Administrator			

Type of Change Requested

- ☐ Update Address, Email or Phone Number
☐ Add Dependent
☐ Remove Dependent

Reason for Adding or Deleting Dependents (if applicable):

- ☐ Divorce ☐ Death ☐ Loss of Dependent Status ☐ Change in Spouse's Employment ☐ Marriage ☐ Birth/Adoption ☐ Domestic Partnership
☐ Loss of Insurance ☐ Other (please specify) _____

Dependent Information (List only those dependents you are adding or deleting from coverage. Social security number is needed for all covered dependents.)

Relationship	Last Name	First	MI	Date of Birth	Sex M/F	Dependent Social Security #	Email Address

If deleting dependent and COBRA needs to go to a different address please list it here: _____

Employee Certification:

With my signature, I hereby declare, certify and state under penalty of perjury that the information I have provided here is true and correct, that the dependents listed above are eligible under my Employer's Dependent Benefit Criteria. Further, I understand that the information supplied, herein, may be used by my Employer in order to verify my dependent(s) for purpose of coverage, to make decisions about my coverage under my Employer's employee benefit plans and as otherwise necessary in connection with managing the organization's employee benefits plans. I understand that if the information I have provided is not true and correct, my dependent benefit coverage will be terminated, and I may be subject to disciplinary action, up to and including termination.

Retiree Signature _____ Date Signed _____

Benefits Department Use Only		
Date Received: _____	Processed By: _____	Effective Date: _____