

### HARRIS COUNTY RETIREE HEALTH & RELATED BENEFITS CHANGE FORM

<b>ADD DEPENDENT</b> <input type="checkbox"/> Marriage, Date _____ <input type="checkbox"/> Newborn, Date _____ <input type="checkbox"/> Other: _____	<b>DELETE DEPENDENT</b> <input type="checkbox"/> Divorce <input type="checkbox"/> Death, Date _____ <input type="checkbox"/> Other: _____	<b>FOR OFFICE USE ONLY</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Effective Date of Change _____</td> <td style="width:50%;">Retiree ID _____</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td>Processed By _____</td> <td>Date _____</td> </tr> </table>	Effective Date of Change _____	Retiree ID _____			Processed By _____	Date _____
Effective Date of Change _____	Retiree ID _____							
Processed By _____	Date _____							

Retiree Name <i>(Last)</i> _____	Retiree Name <i>(First)</i> _____	Retiree Name <i>(Middle Initial)</i> _____	Social Security Number _____	<input type="checkbox"/> Check if this is a name change
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Address <i>(Number)</i> _____	Address <i>(Street)</i> _____	Address <i>(City)</i> _____	Address <i>(State)</i> _____	Address <i>(Zip Code)</i> _____	<input type="checkbox"/> Check if this is a new address
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Telephone Number _____	Date of Birth _____	Sex _____	Previous Name <i>(If this is a name change)</i> _____
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**COMPLETE IF CHANGING DEPENDENT COVERAGE AND SHOW ONLY AFFECTED DEPENDENTS\*** (Please check to see if the appropriate change boxes have been checked.) Include last name in parenthesis if different from employee.

Add	Drop	First Name and Initial <i>(Include last name if different)</i>	Social Security Number <i>(Required)</i>	Relationship <i>(Son, Daughter, Stepchild, etc.)</i>	Date of Birth			Sex	FOR HRRM'S USE ONLY	
					Month	Day	Year		Insurance Effective Date	Insurance Termination Date
		Spouse								
		Children								

**COMPLETE ONLY IF CHANGING GROUP LIFE INSURANCE BENEFICIARIES. NOTE:** This form will not change your designated Texas County & District Retirement System Beneficiary.

New Beneficiary Name(s) _____	Social Security Number _____	Relationship _____	Beneficiary's Date of Birth _____
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Address <i>(Number)</i> _____	Address <i>(Street)</i> _____	Address <i>(City)</i> _____	Address <i>(State)</i> _____	Address <i>(Zip Code)</i> _____	Phone Number _____
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New Beneficiary Name(s) _____	Social Security Number _____	Relationship _____	Beneficiary's Date of Birth _____
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Address <i>(Number)</i> _____	Address <i>(Street)</i> _____	Address <i>(City)</i> _____	Address <i>(State)</i> _____	Address <i>(Zip Code)</i> _____	Phone Number _____
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New Beneficiary Name(s) _____	Social Security Number _____	Relationship _____	Beneficiary's Date of Birth _____
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Address <i>(Number)</i> _____	Address <i>(Street)</i> _____	Address <i>(City)</i> _____	Address <i>(State)</i> _____	Address <i>(Zip Code)</i> _____	Phone Number _____
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**\*ELIGIBLE DEPENDENTS:** Documentation will be required for adding newly acquired dependents.

1. Legal spouse
2. Child(ren) up to age 26. Child(ren) shall include:
  - Natural /Adopted Child(ren)
  - Step Child(ren)
  - Grand Child(ren)
  - Incapacitated Child(ren) - providing the incapacity occurred prior to the child attaining age 26 or while insured under the County's Group Policy.

**NOTE:** Changes in DHMO should be directed to the appropriate onsite representative at (713) 274-5500.

**RETIREE AUTHORIZATION**

I am a retiree of Harris County or Harris County Flood Control District, eligible to participate in the coverage provided by the plans. I understand and agree that any incorrect statements knowingly made by me on this application may invalidate certain coverage(s) and that all statements made by me shall be deemed representations and not warranties. I realize that any dependent coverage changes as referenced above will not become effective until approved in accordance with the plan provisions.

_____ <div style="display: flex; justify-content: space-between;"> <span>Retiree's Signature</span> <span>Date</span> </div>	_____ <div style="display: flex; justify-content: space-between;"> <span>Witness's Signature (required)</span> <span>Date</span> </div>
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