

CASA GRANDE ELEMENTARY SCHOOLS  
CHANGE OF ADDRESS / NAME  
FOR DISTRICT/INSURANCE PURPOSES



**INSTRUCTIONS: Please Print**

For address change, complete #1, 2, 3 and signature line

for name change, complete 1, 2, 4 and signature line

<b>1. SOC SEC NO.</b>	<b>2. NAME (LAST, FIRST, MIDDLE)</b>
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**3. CHANGE OF ADDRESS:**

NEW MAILING ADDRESS:		NEW TELEPHONE #:	
CITY	STATE	ZIP	

OLD MAILING ADDRESS:		OLD TELEPHONE #:	
CITY	STATE	ZIP	

**4. CHANGE OF NAME:**

NAME CURRENTLY ON FILE WITH DISTRICT / INSURANCE COMPANY
**PLEASE CHANGE MY NAME TO:

**\*\*I UNDERSTAND THAT TO HAVE MY NAME CHANGED WITH THE DISTRICT, A COPY OF MY NEW SOCIAL SECURITY CARD MUST BE ATTACHED.**

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Signature

\_\_\_\_\_

Date

District Use Only:			
<b>ENROLLMENT FORM FAXED TO:</b>	Group #CGE001	1-888-690-2020	<b>Date sent:</b>
SUMMIT ADMINISTRATORS	Group #5937383	1-800-275-4638	_____
METLIFE PDP PLUS			_____
HUMAN RESOURCES			_____
PAYROLL OFFICE			_____