BIBB COUNTY SCHOOL DISTRICT

STRENGTH OF CHARACTER AND COLLEGE OR CAREER READY

HEALTH INSURANCE TRANSFER INFORMATION

EMPLOYEE INFORMATION

Date: _____ Social Security No: ☐☐☐ - ☐☐ - ☐☐☐☐

Employee Name: _____

INSURANCE COVERAGE

(This section to be completed by Previous Employer)

Name of School System Transferred from: _____

Address: _____

City: _____ State: _____ Zip: _____

STATE HEALTH BENEFIT PLAN COVERAGE DETAILS

Employee was enrolled in: ☐ Single ☐ Family ☐ Employee & Spouse ☐ Employee & Children

Tobacco Surcharge: ☐ Yes ☐ No

Carrier: _____ Coverage: _____

Last Payroll Deduction: _____ Coverage End Date: _____

Monthly Premium _____

I certify that all the information listed above is complete and true according to the official payroll records of this school district.

_____ _____ _____

Authorized Designee Title Date

Please return the completed form via e-mail to Katrina.Swindle@bcsdk12.net .

484 Mulberry Street ● Macon, Georgia 31201 ● Office (478) 765-8711 ● Fax (478) 765-8579