

***Wimberley Independent School District***  
**Change of Address**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**New** Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature



**INSURANCE APPLICATION** – [www.bcbstx.com/trs/pdf/claimform.pdf](http://www.bcbstx.com/trs/pdf/claimform.pdf)  
Print out, complete sections 2 and 10, Sign the claim form

Please return this form and Insurance Application to Dottie Busby at Admin.

Thank You