



Maintenance Activity Report TRANSFERS

**Report due on the 15th of each month prior to the effective date.
Changing a group number requires both the "from" and "to" fields be completed.**

Return to SISC via secure portal HealthX or fax
HealthX: <https://secure.healthx.com/sisc.aspx>
Fax: (661) 636-4094

Report Prepared by: _____
I certify that the information provided is true and correct.

Month & Year: _____

Phone No. & E-mail Address: _____

District Name: _____
(Do not abbreviate)

Social Security No.	Last Name, First Name	Effective Date mm/dd/yyyy		Medical Group No.	Dental Group No.	Vision Group No.	Life Group No.
			From				
			To				
			From				
			To				
			From				
			To				
			From				
			To				
			From				
			To				
			From				
			To				
			From				
			To				
			From				
			To				

**Review all adjustments each month on your SISC statement.
Retro Transfers will only be processed according to SISC guidelines.
Adding or deleting a dependent requires submission of a SISC Membership Change Form.**

Phone: (661) 636-4410
<http://sisc.kern.org/hw>
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