



Notice of Incoming PSE Transfer

Must be completed and submitted to EBD by the employee's NEW district.

School: _____ District#: _____

Employee Name: _____ SS#: _____

Transferring From: _____

Signature of Insurance Representative

Date

Submit completed form to EBD by fax at 501-683-0983, or through secure task to the EBD_Benefits group.

Transfer forms must be submitted to EBD no later than: **August 14, 2021.**

Please have the employee added in to APSCN before sending a transfer form to EBD.