



Maintenance Activity Report TRANSFERS

Report due on the 15th of each month prior to the effective date

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				

Review all adjustments each month on your SISC statement.
Retro Transfers will only be processed according to SISC guidelines.
 Phone: (661) 636-4410
<http://sisc.kern.org/hw>
 Rev. 5/2/2016