TO SUBMIT THIS FORM
E-Mail: Trust@thearcoftexas.org
FAX: 512-454-4956
MAIL: 8001 Centre Park Drive, Suite 100
Austin, Texas 78754

The Arc of Texas MASTER POOLED trust

CHANGE OF BENEFITS FORM

Beneficiary:	**Primary Rep (PR):**
Sub-Account Number:	**PR Phone:**
Date:	**PR Email:**

By completing this form, I am notifying the Master Pooled Trust of a change in benefits or living situation for the Beneficiary identified above. New or changes to benefits and/or living situations include:

Check all benefits from the SOCIAL SECURITY ADMINISTRATION (SSA) that currently apply:

☐ SSI $_____ ☐ SSDI $_____ ☐ SSA $_____ ☐ Other (type) _____ $_____

Please check the types of MEDICAID the Beneficiary currently receives, if any:

☐ HCS- Home and Community Based Services
☐ DBMD- Deaf Blind with Multiple Disabilities
☐ QMB- Qualified Medicare Beneficiary
☐ CLASS- Community Living Assistance & Support Services
☐ Star Kids
☐ SLMB- Service Limited Medicare Beneficiary
☐ STAR + Plus
☐ TxHmL- Texas Home Living
☐ QI-1- Qualifying Individual Program
☐ YES
☐ QDWI
☐ STAR
☐ NORTH STAR
☐ Other _____

Living Situation (please only check one):

☐ ***Rent # of occupants_____***
☐ ***Mortgage # of occupants_____***
☐ ***Own # of occupants_____***
☐ ***Section 8 Voucher***
☐ ***Group Home***
☐ ***ICF-IID***
☐ ***Nursing Home***
☐ ***Assisted Living***

The Beneficiary is no longer receiving (List Benefits): _____

*Before sending in this form, visit https://www.yourtexasbenefits.com to find out what Medicaid benefits the Beneficiary is receiving and request a Benefits Planning Query (BPQY). Beneficiaries can request a BPQY statement by contacting their local Social Security Administration office or by calling **1-800-772-1213**. For more information about requesting a BPQY statement, visit http://www.ssa.gov/disabilityresearch/documents/BPQY_Handbook_Version%205.2_7.19.2012.pdf*

BENEFICIARY'S NAME (PLEASE PRINT):_____

SIGNATURE of Primary Representative:_____DATE:_____

Please allow **5-8 business days for processing**. Incomplete forms will be returned to the Primary Representative.
FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.
www.thearcoftexas.org/trust-forms