

THIS SECTION FOR PERSONNEL DEPT USE ONLY

EMPLOYEE'S NAME _____ SSN _____

DEPARTMENT _____

BARGAINING UNIT _____

| NAME CHANGE (MARITAL STATUS, ETC.) | FORMS SENT | FORMS FILED (PERSONNEL FILE/MEDICAL FILE) (watch for single to dependent or vice versa) |
|---|-------------------|--|
| BAI FORM (Everyone) | | |
| UNION FORM (AC, AP, PO, PS, PC) | | |
| VBA (NB, EC, AO, EL, CS, DE) | | |
| CONTROLLER (Pension) | | |
| COMPUTER (Jury Duty List) | | |
| EMERGENCY CONTACT FORM | | |
| LIFE INSURANCE BENEFICIARY | | |
| PENSION BENEFICIARY (Controller) | | |
| W-4 FORM (Payroll) | | |
| OPERATIONS (Phone List/Badge) | | |
| 100 FORM (Civil Service Employees) | | |

| ADDRESS CHANGE | FORMS SENT | FORMS FILED (PERSONNEL FILE/MEDICAL FILE) |
|------------------------------------|-------------------|--|
| BAI FORM (Everyone) | | |
| UNION FORM (AC, AP, PO, PS, PC) | | |
| VBA (NB, EC, AO, EL, CS, DE) | | |
| CONTROLLER (Pension) | | |
| 100 FORM (Civil Service Employees) | | |
| COMPUTER (Jury Duty List) | | |

| ADD/REMOVE DEPENDENT(S) | FORMS SENT | FORMS FILED (PERSONNEL FILE/MEDICAL FILE) (watch for single to dependent or vice versa) |
|---------------------------------|-------------------|--|
| BAI FORM (Everyone) | | |
| UNION FORM (AC, AP, PO, PS, PC) | | |
| VBA (NB, EC, AO, EL, CS, DE) | | |



| RETIREE/COBRA (Address/Name/Status Change) | FORMS SENT | FORMS FILED (Medical File) |
|---|-------------------|-----------------------------------|
| BAI FORM (Everyone) | | |
| UNION FORM (AC, AP, PO, PS, PC) | | |
| VBA (NB, EC, AO, EL, CS, DE) | | |
| CONTROLLER (Pension) | | |
| COMPUTER (Jury Duty List) | | |

BAI CHANGE IN ENROLLMENT INFORMATION FORM







Medical

Dental

Vision

| | | | | |
|--|------------|----------------|---------------------------------|---------------|
| Employees Last Name  | First Name | Middle Initial | <input type="checkbox"/> Male | Social Sec. # |
| | | | <input type="checkbox"/> Female | |
| Address  | City | State | Zip | Date Of Birth |
| | | | | |

THE FOLLOWING CHANGES ARE REQUESTED

- Name Change To:  _____ 
- Address Change To:  _____   
- Other Changes: _____
- Effective Date: _____
- Coverage Change To: Single Dependent

Add New Dependents

| Name(s) | Soc. Sec. # | Relationship | Date Of Birth | Effective Date |
|---------|-------------|--------------|---------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Remove Dependents:

| Name(s) | Soc. Sec. # | Effective Date |
|---------|-------------|----------------|
| | | |
| | | |
| | | |
| | | |

_____ Date

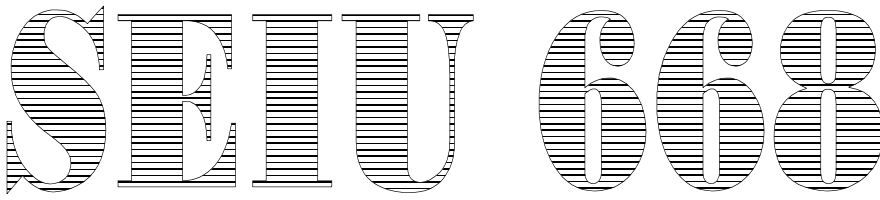
_____  Signature Of Employee

EMPLOYER'S STATEMENT

Name of Employer _____

Division _____

Employer-Authorized Signature and Title



PSSU LOCAL UNIT HEALTH & WELFARE FUND

2589 Interstate Drive
Harrisburg, PA 17110-9602
(717) 526-4856
(888) 243-1524
FAX (717) 651-9529
http://pssuhwfund.org

KATHY JELLISON, CHAIR

CANDICE V. CROUTHAMEL, ADMINISTRATOR

EMPLOYEE TRANSACTION FORM

DATE: _____ EMPLOYER: _____ Union # _____ (if applicable)

CHOOSE ALL THAT APPLY:

For a COBRA Qualifying Event, please choose from below and enter on COBRA line:

- 1) Termination of Employment 2) Reduction in hours 3) Leave of Absence (unpaid)
- 2) 4) Employee Death 5) Medicare Eligibility

- New Enrollment
 Change of Address
 COBRA # _____
 Reinstatement
 Name Change
 Add Dependent(s)*
 Remove Dependent(s)*
 Leave of Absence

EFFECTIVE DATE of Change/Event _____ Other* *Please explain below

—Please notify Plan Administrator when employee returns from leave of absence.—

| | | |
|-------------------|--------------|-----|
| Employee Name | | |
| Address | | |
| City | State | Zip |
| Social Security # | | |
| Home Phone # | Work Phone # | |
| Date of Birth | Date of Hire | |

Additional notes or remarks:

Submitted by: _____ Title: _____



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

| EMPLOYEE INFORMATION - RESIDENCE LOCATION | | | | |
|---|---|----------|-------------------------|--|
| NAME (Last, First, Middle Initial) | | | SOCIAL SECURITY NUMBER | |
| FIRST LINE OF ADDRESS (If PO Box, please include actual street address) | | | | |
| SECOND LINE OF ADDRESS | | | | |
| CITY | STATE | ZIP CODE | DAYTIME PHONE NUMBER | |
| MUNICIPALITY (City, Borough, Township) | | | | |
| COUNTY | PSD CODE | | TOTAL RESIDENT EIT RATE | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |

| EMPLOYER INFORMATION - EMPLOYMENT LOCATION | | | | |
|---|---|----------|---------------------------------|--|
| EMPLOYER NAME (Use Federal ID Name) | | | EMPLOYER FEIN | |
| FIRST LINE OF ADDRESS (If PO Box, please include actual street address) | | | | |
| SECOND LINE OF ADDRESS | | | | |
| CITY | STATE | ZIP CODE | PHONE NUMBER | |
| MUNICIPALITY (City, Borough, Township) | | | | |
| COUNTY | PSD CODE | | MUNICIPAL NON-RESIDENT EIT RATE | |
| | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |

| CERTIFICATION | | | |
|-----------------------|---------------|--|------|
| SIGNATURE OF EMPLOYEE | | <div style="background-color: red; color: white; padding: 5px; display: inline-block; border-radius: 10px;"> SIGN HERE </div> | DATE |
| PHONE NUMBER | EMAIL ADDRESS | | |

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com
 Select Get Local Gov Support, >Municipal Statistics