

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

VBA CHANGE FORM

VISION BENEFITS OF AMERICA
ENROLLMENT FORM



VBA #793

SUBGROUP# _____

COVERAGE EFFECTIVE DATE _____







INSTRUCTIONS FOR EMPLOYEE:

1. COMPLETE SECTION BELOW AND SIGN
2. RETURN COMPLETED FORM TO PERSONNEL

EMPLOYEE SOCIAL SECURITY NUMBER _____				
EMPLOYEE NAME _____ 				
ADDRESS _____ 				
CITY _____		STATE _____		ZIP CODE _____
PLEASE LIST ALL FAMILY MEMBERS TO BE COVERED:				
	FIRST NAME	MIDDLE INITIAL	LAST NAME	BIRTHDATE
SPOUSE _____				
CHILD _____				
CHILD _____				
CHILD _____				
STUDENT INFORMATION (COMPLETE FOR DEPENDENTS WHO ARE ENROLLED AS FULL-TIME COLLEGE STUDENTS)				
STUDENT NAME			NAME OF SCHOOL OR UNIVERSITY	

ANY HANDICAPPED CHILD COVERED ON MEDICAL?				
CHILD NAME				

THE FOLLOWING CHANGES ARE REQUESTED:

- NAME CHANGE TO: _____  _____ 
- ADDRESS CHANGE TO: _____  _____  _____  _____ 
- COVERAGE CHANGE TO: _____ SINGLE _____ DEPENDENT
- MARRIAGE EFFECTIVE DATE _____
- ADDING NEW DEPENDENTS
- REMOVING DEPENDENTS
- CONTINUE COVERAGE FULL TIME STUDENT(S)

EMPLOYEE SIGNATURE _____

DATE _____



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="border: 2px solid red; border-radius: 15px; padding: 5px; display: inline-block; background-color: red; color: white; font-weight: bold;">SIGN HERE</div>
PHONE NUMBER	DATE
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