



***THIS SECTION FOR PERSONNEL DEPT USE ONLY***

EMPLOYEE'S NAME \_\_\_\_\_ SSN \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

BARGAINING UNIT \_\_\_\_\_

<b>NAME CHANGE (MARITAL STATUS, ETC.)</b>	<b>FORMS SENT</b>	<b>FORMS FILED (PERSONNEL FILE/MEDICAL FILE) (watch for single to dependent or vice versa)</b>
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)		

<b>ADDRESS CHANGE</b>	<b>FORMS SENT</b>	<b>FORMS FILED (PERSONNEL FILE/MEDICAL FILE)</b>
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)		

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

<b>RETIREE/COBRA (Address/Name/Status Change)</b>	<b>FORMS SENT</b>	<b>FORMS FILED (Medical File)</b>
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

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 _____
<b>PLEASE LIST ALL FAMILY MEMBERS TO BE COVERED:</b>				
	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>	<b>LAST NAME</b>	<b>BIRTHDATE</b>
SPOUSE _____				
CHILD _____				
CHILD _____				
CHILD _____				
<b>STUDENT INFORMATION (COMPLETE FOR DEPENDENTS WHO ARE ENROLLED AS FULL-TIME COLLEGE STUDENTS)</b>				
STUDENT NAME			NAME OF SCHOOL OR UNIVERSITY	
_____				
_____				
<b>ANY HANDICAPPED CHILD COVERED ON MEDICAL?</b>				
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; 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](http://www.newPA.com)  
 Select Get Local Gov Support, >Municipal Statistics