

BAI CHANGE IN ENROLLMENT INFORMATION FORM

Medical

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

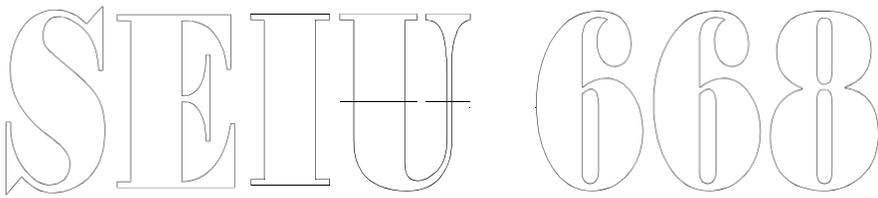
_____  Signature Of Employee

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)

- 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

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

DEPENDENT INFORMATION

Name	Month	Day	Year	Sex (M/F)
Spouse				
Child				
Other Relationship				

Please indicate any additional dependents on the back of this form

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 <div style="display: flex; justify-content: space-around; width: 100%;"> </div>		TOTAL RESIDENT EIT RATE

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 <div style="display: flex; justify-content: space-around; width: 100%;"> </div>		MUNICIPAL NON-RESIDENT EIT RATE

CERTIFICATION	
SIGNATURE OF EMPLOYEE	<div style="border: 2px solid red; 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
 Select Get Local Gov Support, >Municipal Statistics