THE UNIVERSITY OF
SCRANTON
A JESUIT UNIVERSITY

Office of Human Resources

Name Change Packet

Benefit forms need to be completed when a benefit eligible staff or faculty member changes address, marital status, and/or current plan enrollment. These forms are to be completed and returned to the Human Resources office within 30 days of the qualifying event and/or status change.

- ✓ Qualifying Events: A change in your situation — like getting married, having a baby, or losing health coverage that affects the benefits you have — is a qualifying event that allows you to change your benefits outside the yearly Open Enrollment Period.
- ✓ Verifying Paperwork: When enrolling a spouse or child (or changing a spouse or child's enrollment) in benefits, documentation is required

the request for name change.

Forms to be returned for a name change:

- Office of Human Resources Data Change Form
- W-4 (only if you wish to change your federal withholding)
- Residency Certification
- Retirement Vendor Information Change Form
  - Only complete the form for the vendor you have an account with

All forms are available in the Office of Human Resources, St Thomas Hall room 100

SCRANTON, PENNSYLVANIA 18510-4668
(570) 941-7767 FAX: (570) 941-4636

Data Change Form

Please print all information in ink.

Name: _____ R# _____

Effective Date of Change: _____

Check the appropriate box(es) to indicate a change to my personal information as indicated below:

☐ Name: _____ (Please provide supporting documentation i.e. marriage certificate, divorce decree, etc.)

☐ Physical Address: _____ ☐ If different, provide Mailing:

_____ _____

_____ _____

_____ _____

☐ Telephone Number: _____ ☐ Home ☐ Cell

☐ Marital Status: *Please provide supporting documentation i.e. marriage certificate, divorce decree, etc.*

☐ Single ☐ Married ☐ Widowed ☐ Divorced

☐ Add ☐ Remove the following spouse/dependent(s):

Please provide supporting documentation i.e. birth certificate, marriage license, divorce decree, etc.

Name			Birth
	☐ Spouse ☐ Dependent	☐ Male ☐ Female	
	☐ Spouse ☐ Dependent	☐ Male ☐ Female	
	☐ Spouse ☐ Dependent	☐ Male ☐ Female	

Change emergency contact person: (if applicable)

_____ *(Name)*

_____ *(Address)*

_____ *(City, State, Zip)*

_____ *(Phone Number)*

_____ *(Signature)*

_____ *(Date)*

Highmark _____
UCCI _____
COBRA _____

Received in HR _____
Date Completed _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2023

Step 1:
Enter Personal Information

(a) First

☐
☐
☐

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer's name and address

(b)

General Instructions

Section

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$850	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,870
$10,000 -												

CLGS-32-6 (6-13)

RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers when employees claim residency exemption to collect essential information for the collection and distribution of Local Earned Income Taxes

or a name and/or address change. See instructions for

tax collector contact information.

EMPLOYEE RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)

SOCIAL SECURITY NUMBER

STREET ADDRESS (No PO Box, RD or RR)

ADDRESS LINE 2

CITY | STATE | ZIP CODE | DAYTIME PHONE NUMBER

MUNICIPALITY (City, Borough or Township)

COUNTY | RESIDENT PSD CODE | RESIDENT EIT CODE | TOTAL RESIDENT EIT RATE

EMPLOYER BUSINESS LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)

University of Scranton

FEDERAL EMPLOYER ID NUMBER (EIN)

2 4 0 7 0 6 4 0 6

STREET ADDRESS WHERE ABOVE EMPLOYEE WORKS (If different, PO Box or RD or RR)

800 Linden St

ADDRESS LINE 2

CITY | STATE | ZIP CODE | PHONE NUMBER

Scranton | PA | 18510 | 570-941-7707

MUNICIPALITY (City, Borough or Township)

Scranton

COUNTY

Lackawanna

CERTIFICATION

I declare under penalties of perjury that I have examined this document and to the best of my knowledge and belief it is true, correct and complete.

SIGNATURE OF EMPLOYEE

DATE (MM/DD/YYYY)

EMPLOYEE PHONE NUMBER

EMAIL ADDRESS

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/Act32

THE UNIVERSITY OF
SCRANTON
A JESUIT UNIVERSITY

HUMAN RESOURCES

TO: TIAA-CREF

FROM: UNIVERSITY OF SCRANTON
OFFICE OF HUMAN RESOURCES

RE: REQUEST FOR ADDRESS CHANGE

FAX: (800) 914-8922

Please update address for any and all accounts held by the participant listed below.

Print Name: _____ Effective Date of Change: _____

Social Security Number: _____

Previous Address	New Address
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____
Signature of Accountholder Date

_____ _____
Signature of HR Representative Date

SCRANTON, PENNSYLVANIA 18510-4679
(570) 941-7767 • FAX: (570) 941-4636