Change of Address Packet

Benefit forms need to be completed when a benefit eligible staff or faculty member changes address, marital status, and/or has a benefit plan enrollment change. The forms listed below need 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 can allow benefit plan changes outside the yearly Open Enrollment Period.
✓ Verifying Dependents: When enrolling a spouse or child (or changing a spouse or child’s enrollment) in University Benefits, documentation demonstrating the current spousal or child relationship may be required.

You only need to complete the forms that pertain to you.

Forms to be returned for a change of address:

- 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
Office of Human Resources
Data Change Form

Please print all information in Ink.

Name: ___________________________     RH ___________________

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Spouse</td>
<td>☐ Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Dependent</td>
<td>☐ Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Spouse</td>
<td>☐ Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Dependent</td>
<td>☐ Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Spouse</td>
<td>☐ Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Dependent</td>
<td>☐ Female</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Change emergency contact person: (If applicable)

(_______)
(_______)
(City, State, Zip)
(_______)

Highmark
UCCI
COBRA

Received In HR ____________________
Date Completed ____________________
**Employee's Withholding Certificate**

**Form W-4**

- 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.

**2022**

**Step 1: Enter Personal Information**

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City or town, state, and ZIP code</th>
</tr>
</thead>
</table>

- Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 1-800-772-1213 or go to www.ssa.gov.

- Single or Married filing separately
- Married filing jointly or Qualifying widow(er)
- Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 6. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following:

- Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4);
- Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholdings;
- If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3: Claim Dependents**

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

- Multiply the number of qualifying children under age 17 by $2,000 → $ 3

- Multiply the number of other dependents by $500 → $

Add the amounts above and enter the total here

**Step 4 (optional): Other Adjustments**

(a) Other Income (not from Jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

(c) Extra withholding. Enter any additional tax you want withheld each pay period

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

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

Date

**Employers Only**

Employer's name and address

First date of employment

Employer Identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   1 $ __________________________

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a) Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   2a $ __________________________

   b) Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   2b $ __________________________

   c) Add the amounts from lines 2a and 2b and enter the result on line 2c.

   2c $ __________________________

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

   3 ____________________________

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here in and in Step 4(o) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

   4 $ ____________________________

Step 4(b) — Deductions Worksheet (Keep for your records.)

1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

   1 $ ____________________________

2 Enter:
   - $25,900 if you're married filing jointly or qualifying widow(er)
   - $19,400 if you're head of household
   - $12,950 if you're single or married filing separately

   2 $ ____________________________

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "0-0."  

   3 $ ____________________________

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040). See Pub. 505 for more information.

   4 $ ____________________________

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

   5 $ ____________________________
RESIDENCY CERTIFICATION FORM
Local Earned Income Tax Withholding

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 to the local EIT collector. This form must be utilized by employers when a new employee is hired or when current employees notify employer of a name and/or address change. Use the Address Search Application at www.newPA.com/Act32 to determine PSD codes, EIT rates and tax collector contact information.

<table>
<thead>
<tr>
<th>EMPLOYEE INFORMATION -- RESIDENCE LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME (Last Name, First Name, Middle Initial)</td>
</tr>
<tr>
<td>STREET ADDRESS (No PO Box, RD or RR)</td>
</tr>
<tr>
<td>ADDRESS LINE 2</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough or Township)</td>
</tr>
<tr>
<td>COUNTY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER INFORMATION -- EMPLOYMENT LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYER BUSINESS NAME (Use Federal ID Name)</td>
</tr>
<tr>
<td>University of Scranton</td>
</tr>
<tr>
<td>STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)</td>
</tr>
<tr>
<td>800 Linden St</td>
</tr>
<tr>
<td>ADDRESS LINE 2</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>Scranton</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough or Township)</td>
</tr>
<tr>
<td>Scranton</td>
</tr>
<tr>
<td>COUNTY</td>
</tr>
<tr>
<td>Lackawanna</td>
</tr>
</tbody>
</table>

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

SIGNATURE OF EMPLOYEE

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/Act32
Information Change

Use this form to change your account information. In Section C, complete only the applicable section(s) that have changed. Your records will be updated upon receipt of this form.

Section A. Employer Information

Company/Employer Name

Contract/Account No. Affiliate No. Division No.

Section B. Personal Information

Social Security No. Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Last Name

Mailing Address

City State Zip Code

Phone No. Ext.

E-mail Address

Section C. Personal Information (new)

Complete the appropriate section(s) below to change your account information (attach proof of any name change, e.g. marriage certificate, divorce decree, etc.).

Social Security No. Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Last Name

Mailing Address

City State Zip Code

Phone No. Ext.

Please proceed to Section D. on Page 2.
Section D. Signature

I certify that the information provided on/with this form is correct and complete.

X ___________________________ X __________
Participant Signature Date

X ___________________________ X ___________________________
Print Name Social Security Number

If you have questions regarding the completion of this form, please call us at 800-755-5801.

Return your completed form(s) to:

Transamorica
4333 Edgewood Road NE
Mail Drop 0001
Cedar Rapids, IA 52499

Or, you may fax your completed form to 866-835-8363.
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: ___________________________

<table>
<thead>
<tr>
<th>Previous Address</th>
<th>New Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
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</tr>
</tbody>
</table>

Signature of Accountholder: ___________________________  Date: ___________________________
Signature of HR Representative: ___________________________  Date: ___________________________