Loyalsock Township School District

EMPLOYEE INFORMATION CHANGE FORM

TYPE OF CHANGE – CHECK ALL THAT APPLY

☐ Address ☐ Phone ☐ Name

PERSONAL INFORMATION

Full Name:_____

Last First Middle

SSN:_____ Date of Change:_____

☐ ADDRESS CHANGE

Address:_____

Street City State Zip

NOTE: MUST SUBMIT A NEW CERTIFICATE OF RESIDENCE FORM FOR LOCAL TAX WITHHOLDING PURPOSES

☐ PHONE CHANGE

Phone Number:_____

Cell Phone Home Phone

☐ NAME CHANGE

_____

First Middle Last

NOTE: MUST PROVIDE A COPY OF YOUR NEW SOCIAL SECURITY CARD; IF ADDING SPOUSE TO INSURANCE BENEFITS, YOU MUST PROVIDE A COPY OF YOUR MARRIAGE CERTIFICATE AND COPY OF SPOUSE'S SS CARD

BENEFITS YOU ARE CURRENTLY ENROLLED IN

☐ HEALTH CARE ☐ DENTAL ☐ VISION

NOTE: IF YOU ARE ENROLLED IN A HEALTH SAVINGS ACCOUNT (HSA), YOU ARE RESPONSIBLE FOR UPDATING ANY PERSONAL INFORMATION CHANGES.

Signature: **Date:**

Please return to the Payroll Department at the District Service Center.
Thank you!

FOR OFFICE USE ONLY

☐ CSIU ☐ HEALTH INSURANCE ☐ DISCOVERY BENEFITS

☐ DELTA DENTAL ☐ HIGHMARK VISION