

Taylor Community School Corporation Employee Change Form

Work Location: TPS/TIS/TMS/THS
Employee # _____

Effective Date: _____

Please check the information below that needs changed. Make name, address, and phone changes on lines provided.

Name Change: _____ **Marital Status Change:** _____ **Address Change:** _____ **Phone # Change:** _____

Benefit Change: _____ **Dependent Change:** _____ **W4 Tax Form Change:** _____ **Please send form.**

Direct Deposit Change: _____ **Please send form.**

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #** _____

Please check the benefit(s) you wish to enroll, change, or discontinue. Please check if you want deducted section 125 (once deduction is section 125 it can't be changed until the next school year). Include date you wish to change, enroll, or discontinue.

	Benefit	Deduct Section 125	Date of Change	Date of Enrollment	Date to Discontinue
HEALTH					
Plan A	Single				
	Employee + 1				
	Family				
Plan B	Single				
	Employee + 1				
	Family				
Plan C	Single				
	Employee + 1				
	Family				
DENTAL	Single Plan				
	Family Plan				
VISION	Single Plan				
	Employee + Spouse				
	Employee + Child				
	Family Plan				

Employee Signature

Date

Corporation Office

Date