

**Penn-Harris-Madison School Corporation
Change of Status or Fringe Benefits**

TO: Human Resources Office

Date _____

FROM: _____
Name Position and School

Attached are the following completed forms or notification information as required to apply for change of my fringe benefits or personal status:

**PLEASE
CHECK FORMS FOR NOTIFICATION ARE ATTACHED FOR PROCESSING**

- _____ Change of Name
- _____ Change of Address and/or Telephone Number
- _____ Medical Insurance Membership Change
- _____ a. Transfer from Family to Single
- _____ b. Transfer from Single to Family
- _____ c. Add Dental Insurance - Single
- _____ d. Add Dental Insurance - Family
- _____ e. Delete Dental Insurance
- _____ f. Deletion or Addition of Family Member
- _____ Term Life Insurance - Beneficiary/Name Change
- _____ Retirement - Address/Name/Beneficiary Change
- _____ 401a Annuity - Address/Name/Beneficiary Change
- _____ W-4 Withholding - Federal
- _____ WH-4 Withholding - State

SPECIFIC INFORMATION

Please identify in detail the change in your records which you have checked above.

All fringe benefit changes are the responsibility of the employee, forms may be obtained from the Human Resources Office.

Human Resources Date Payroll Date Accounts Payable Date