

MADISON COUNTY SCHOOLS AUTHORIZATION FOR CHANGE FORM

_____/_____/_____
 SOCIAL SECURITY NO LAST FIRST MIDDLE WORK LOCATION

IF CHANGING YOUR NAME:

**YOU MUST ATTACH A COPY OF YOUR SOCIAL SECURITY CARD IN YOUR NEW NAME AND LIST THE NAME YOUR CHANGING FROM.
 (DO YOU NEED TO CHANGE YOUR BENIFICIARY ON YOUR RETIREMENT OR LIFE INSURANCE?)**

NAME YOU ARE LISTED UNDER NOW: _____

 SIGNATURE OF EMPLOYEE ABOVE

 DATE

ADDRESS CHANGES WILL BE MADE WITH PERSONNEL, THE RETIREMENT SYSTEM, PEEHIP INSURANCE, AEA, AND AFLAC.

OLD ADDRESS _____ NEW ADDRESS _____
 (MUST BE INCLUDED)

NEW TELEPHONE #: _____

**TO CHANGE BENIFICIARY: FOR RETIREMENT USE TRS FORM 100
 FOR LIFE INSURANCE USE LIFE INSURANCE CHANGE FORM**

INSTRUCTIONS:

Follow the instructions in the Special Instructions column. Forms must be into the Payroll Dept. by the 15th of the month.

CODE	Specific Deduction/Deletion	Special Instructions	Change
AEA	Dues can be canceled by September 15th each year by submitting a letter requesting cancelation of payroll deduction.		
NEA			
LEA			
20	NORTH AL EDUCATORS CREDIT UNION	To add or cancel a deduction amount it must be done through NAECU	
	SAVINGS BONDS	Attach enrollment card to start deduction cancel in change column	Anytime
86	P.A.C.T.	Attach enrollment form to join, changes only through P.A.C.T.	
36	UNITED WAY (Oct-Aug)	Complete United Way Form Deductions are made Oct thru Aug	
100	UNIFORMS	See Uniform Company Representative to receive or cancel uniforms	
	DIRECT DEPOSIT	Complete Application to start or change financial institutions	Anytime
53	RSA-1	Attach RSA 1 PA form to enroll, change amount or cancel.	Enter change here <input type="checkbox"/>
		Investment Option Form also needed to choose plan	
	FEDERAL TAXES	Complete W-4 Form	Anytime
	STATE TAXES	Complete A-4 Form	Anytime
27	VALIC	Contact Representative to enroll, make changes or stop: enter change here <input type="checkbox"/>	
197	SECBN/403B	Contact Representative to enroll;contact Payroll to make changes or stop <input type="checkbox"/>	
198	SECBN403B7	Contact Representative to enroll;contact Payroll to make changes or stop <input type="checkbox"/>	
199	SECBN/457	Contact Representative to enroll;contact Payroll to make changes or stop <input type="checkbox"/>	
200	OZARK/AEA DEDUCTION	Contact Representative to enroll;contact Payroll to make changes or stop <input type="checkbox"/>	
203	PFL LONGTERM CARE	Contact Representative to enroll;contact Payroll to make changes or stop <input type="checkbox"/>	
207	UNUM DISABILITY	Contact Representative to enroll;contact Payroll to make changes or stop <input type="checkbox"/>	
208	UNUM AD&D	Contact Representative to enroll;contact Payroll to make changes or stop <input type="checkbox"/>	
209	UNUM LIFE	Contact Representative to enroll;contact Payroll to make changes or stop <input type="checkbox"/>	