

Office of Human Resources

Change in Marital Status Add or Remove a Spouse/Dependent Packet

Reneflt for	ms need to be completed when a honefit cligible staff or feculty member showers address to
	l/or benefit plan enrollment. These forms need to be completed and returned to the Human
Resources	office within 30 days of the gualifying event and for status changes
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Forms to b	e returned for a marital status change, including adding or removing a spouse or dependent:
	o Office of Human Resources Data Change Form
	o W-4 (only if you wish to change your federal withholding)
	o Residency Certification
	o Highmark Enrollment
	M Only complete cection 1 Employee Information complete cection 2 Devendent
	Information to add/remove a spouse or dependent
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	o Retirement Vendor Information Change Form
	 Only complete the form for the vendor you have an account with
	Medical/Dental Enrollment Option Form
	o TIAA or Transamerica Beneficiary Designation Form

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choosing to update the beneficiary

All forms are available in the Office of Human Peccuroses Ct Thomas Wall room 100

separately)

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Only complete the form for the vendor you have an account with and only if you are

Cigna Life Insurance Beneficiary Designation Form (not in the packet, must be opened



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please refer to the Pennsylvania Department of Community & Economic Development website:

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General Instructions

Section references are to the internal nevertue code.

Eutura Davelonments

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Complete Form W-4 so that your employer van withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax when you file your tax when you file your tax.

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see Pilit 505. Tax viitmõidinu and Esimaleu Tax. Distoleader ofe umerende in pay te semestrum. Exemption from withholding. You may claim exemption

www.marijaya.com.

conditions: you had no federal income tax liability in 2021
and you expect to have no redemarked the conditions.

2022. You had no federal income tax liability in 2021 if (1)

(2) you were not required to file a return because your estable life of the example of the examp

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with Step 2(c), you may choose Step 2(b); If you have

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Specific Instructions

determine the standard deduction and tax rates used to a compute your withholding.

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may instead check the box in option (c). The box must also

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and reduce the amount of any refund you may receive when

Step 4 (optional).

Income from any john or self-employment. If you complete

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2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;

Step 4(b). Enter in this step the amount from the Daductions Worksheet, line 5. If you expect to claim

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3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays	
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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. \$
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To find more information about our benefits and operating procedures, such as accessing the drug formulary or using network providers, please go to <u>Discoverillighmer's com/Quality Assurance</u>; or for a paper copy, cap 1-855-873-4105.

Membership Department

Pittsburgh, PA 15253-5193

P.O. Box 535193

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Call 800 842-2252 at 800 842-2252.

Monday-Fiday

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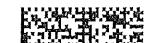
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BENEFICIARY DEGICALITION FORM

Page 7 of 8

6. YOUR SIGNATURE

- I, the undersigned, agree that:
- All prior beneficiary designations previously requested and any benefits due by reason of my death will be payable to the beneficiary/ies) named on this form, if I elected option 1 in Section 2.

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- I reserve the right to make further changes to my beneficiary designations.
 - 🗷 If you named an irrevocable beneficiary your annuity partner will be unable to change the designation at

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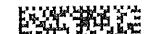




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BENEFICIARY PROVISIONS

1. Effectiveness

by definition of contracts as stated in the Annuity Numbers section, if the beneficiary designations are sectionary with CREE's standards and the designations are accepted by TIAA-CREE, the designations

2. Immediate Annulty under a Two-Life Option

your confirmation will display this change.

3. Order of Payment and Division of Benefits

any honefits due will be naid to a beneficiary if he or she is then living. If a class of beneficiaries

proportions-stated If a beneficiary-predeceases you (or the last surviving annultant under a Two-Life

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annuitant under a Two-Life Annuity).





ADDITIONAL DEPOVICTORS

Provision: "Per stirpes" provision applied to a beneficiary means that if you check 'per stirpes' and the named heneficiary predeceases you, the monies which would have been paid to that beneficiary will be divided proportionately among his/her children (if any). If there are no living children for that beneficiary,

no other beneficiation we will now wair Fetate.

Example:

John Doe-your son with a 100% designation per stirpes

Jane Doe-your daugnter with a 100% designation per stirpes

will then be paid to Jane. If both John and Jane predecease you and there are no children, we will pay the

<u>وي طروط إلى والمروم مممل الله مثما مع إيام و عا اللب سأر تعميم</u>

4. If a Testamentary Trust is Designated as Beneficiary:

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c. If benefits become payable to a testamentary trust and (I) the will is not presented for probate within 90 days following the date of your death (or the death of the last surviving annultant in a Two-Life handless have presented for probate within the aforesald 90 days and no qualified

surpling annulant in a five-life Annulry); or (iii) it evidence is turnished and is satisfactory to Itaa-CREE

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otherwise to your estate (or to the estate of the last surviving annultant).

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FRAUD WARNING

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Colorado residento, please natal day insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award people from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Virginia and Washington, DC residents, please note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement

