



Tyler Independent School District

1319 New Sunnybrook • P. O. Box 2035 • Tyler, Texas 75710 • 903 262 1000 • Dr Randall Reid, Superintendent

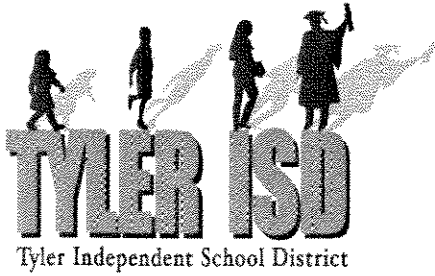
NAME CHANGE

The following must be received in Human Resources before a name can be changed with the district

- Personnel Directory form
- TRS Name Change Notification Form
- Verification of the reason for the name change (for example...copy of marriage license, divorce decree showing name change or court order)
- A copy of your social security card reflecting the new name
- The TRS Designation of Beneficiary form(a notary must witness when **you sign**)
 - W-4
 - Insurance change form

Please complete these forms and return to Human Resources. Please note that the TRS form **must be signed in front of a notary**. If you do not have access to a notary, you may come to the Human Resource office where there are several notaries who would be glad to help you.

You may come by the Human Resource office in the Administration building from 8:00 – 11:00 or 1:00 – 4:00 to obtain a new badge since a new picture may be required.



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TRS NAME CHANGE NOTIFICATION

This is written notification to TRS for a name change.

Name as it currently appears on TRS records (Print):

First name

Middle name

Last name

Name Change (Print):

First name

Middle name

Last name

Social Security # _____

Required verification included:

Marriage License

Divorce Decree

Court Order

Signature

Date



DESIGNATION OF BENEFICIARY

This form is not effective until received by TRS at the address above

Name of Member _____ Social Security No. _____
(As it appears on TRS records)

NOTE: PLEASE CAREFULLY READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM

PRIMARY BENEFICIARY OR JOINT PRIMARY BENEFICIARIES

I hereby designate the following person(s) as my primary beneficiary(ies) to receive any death benefits or annuity payable under Option 3 or 4 under the Teacher Retirement System Law of the State of Texas (joint beneficiaries to share and share alike with right of survivorship only):

Name	Social Security No.	Date of Birth	Relationship	Address

ALTERNATE BENEFICIARY OR JOINT ALTERNATE BENEFICIARIES

Only in the event I live longer than the primary beneficiary(ies) named above, I designate the following person(s) as my alternate beneficiary(ies) to receive any death benefit or annuity payable under Option 3 or 4 which may be due under the Teacher Retirement System Law of the State of Texas (joint alternate beneficiaries to share and share alike with right of survivorship only):

Name	Social Security No.	Date of Birth	Relationship	Address

Signature of Member

STATE OF _____ COUNTY OF _____

BEFORE ME, on this day personally appeared _____ known to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that this person executed the same for the purpose and consideration therein expressed.

GIVEN under my hand and official seal this the _____ day of _____, _____
(Month) (Year)

(SEAL)

Signature of Notary Public County State

Participation in TRS provides valuable benefits payable at your death. You may designate the beneficiary(ies) to receive certain benefits by completing this form. Please read the entire form carefully as errors or omissions may invalidate the designation. If the designation is invalid or you do not designate a beneficiary, benefits will be paid as provided in Section 824.103 of the Texas Government Code.

DESIGNATION OF BENEFICIARY

- If your address has changed please notify TRS in writing.
- This form is not effective until received by TRS at the address listed on this form prior to your death. Your employer is **NOT** authorized to receive this form on behalf of TRS.
- No attachments may be made to the form. Any stipulation made on the form will void the entire form.
- Type or print your designation in ink with any correction initialed.
- When received by TRS, this form revokes any previous designation of beneficiary made by the member on a prescribed TRS form for the benefits affected by this form.
- This form does **NOT** revoke or change a beneficiary previously named under Option 1, 2, 5, Deferred Retirement Option Plan, or Partial Lump-Sum Option.
- A beneficiary designation in your will does not change the designation of beneficiary for TRS purposes.
- A divorce does not automatically revoke your former spouse as beneficiary.
- In the absence of a court-ordered guardian, the surviving parent will receive death benefits on behalf of a minor child designated as beneficiary.
- The designation of this form only affects the payment of death benefits and payments under Option 3 and 4 retirement plan.



PERSONNEL INFORMATION



Name as it appears on your Social Security Card:

Last (Print) First(Print) Middle(Print)

Social Security # _____ Campus _____ Assignment _____

Tyler ISD employees may choose to list or unlist their telephone numbers and address in the Tyler ISD system. Unlisted numbers and addresses will not be given out, except to administrators or your supervisor. Please indicate your wishes below:

Current Address in TISD records: _____

New Address: _____ Listed ___ Unlisted ___

Telephone: Home: _____ Listed ___ Unlisted ___
Cell: _____ Listed ___ Unlisted ___

If the information above is a change, please check the appropriate blank below:

Name change _____ Former Name _____

Address change _____

Telephone change _____

Signature _____

Date _____

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent	A _____
B Enter "1" if: <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	B _____
C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F _____
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	
G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G _____
H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </div>	

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">2009</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____
- 2** Enter:

{	\$10,900 if married filing jointly or qualifying widow(er)	}	2	\$	
\$ 8,000 if head of household						
\$ 5,450 if single or married filing separately						
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ _____
- 6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) 6 \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” 7 \$ _____
- 8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet 4 _____
 - 5** Enter the number from line 1 of this worksheet 5 _____
 - 6** **Subtract** line 5 from line 4 6 _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Change/Termination Request

Request For: Change Addition Deletion Termination

Location: Social Security #:

Employee Name: Requested Effective Date:

MEDICAL

Add Coverage:

Plan A B

List All Dependents To Be Included For Coverage

First Name	Initial	Last Name	Relationship	Sex	Social Security #	Date of Birth

ARE ANY OF YOUR DEPENDENTS COVERED BY A QUALIFIED MEDICAL CHILD SUPPORT ORDER? Yes No
(IF YES COMPLETE INFORMATION BELOW)

Custodial Parent: Name of Dependent: Residential Address:	<input type="text"/>	Custodial Parent: Name of Dependent: Residential Address:	<input type="text"/>
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Are you or any of your covered dependents covered by any other Medical Insurance?

Yes No

If Yes:

Policy or Group #	Name of Insurance	Who is covered under this Plan?

Delete Coverage:

List All Dependents That Should Be Excluded From For Coverage

First Name	Initial	Last Name	Relationship	Sex	Social Security #	Date of Birth

Address Change: Address: City: State: Zip:

Birthdate: Name Change:

Covered Class: Social Security #:

Phone #: Work Home Other Insurance:

Reason For Change/Termination:

- Marriage Divorce Birth Adoption Transfer Termination of Employment Death Layoff
 Dependent Child Over Age Limit Cobra Transfer Changed Health Coverage QMCSO Other _____

Employee's Signature _____ Date _____

Employer's Signature _____ Date _____

To be completed by TPA: _____

Date Entered/Initials _____ Dated Ordered ID Card _____

**TYLER INDEPENDENT SCHOOL DISTRICT
BASIC LIFE/AD&D AND SUPPLEMENTAL LIFE
BENEFICIARY DESIGNATION CHANGE FORM**

Applicant Name: _____ **Location School** _____

I elect to change my beneficiary (ies) as follows:

Beneficiary Designation

Primary:

Full Name	Relationship	Percentage

Secondary/Contingent:

Full Name	Relationship	Percentage

By completing this Request for change, I am requesting that a change be made to the information provided on the enrollment Card/Application. These changes will become effective in accordance with the applicable policy's provisions. This Request for Change will: (a) become a part of the original Enrollment Card/Application; and (b) be subject to the terms of the policy. This signature is to verify; (a) the accuracy of the information contained on this Request for Change; and/or (b) the beneficiary(s) I have designated

Employee Signature **Date**