

ENCLOSED ARE FORMS TO UPDATE INFORMATION FOR MARRIAGE OR DIVORCE FOR THE RETIREMENT BOARD (CHANGING ADDRESS, BENEFICIARIES, TAX FORMS, ETC)

RETURN FORMS TO BETH PHILLIPS, COORDINATOR OF EMPLOYEE BENEFITS & PAYROLL, beth.phillips@k12.wv.us, 304-843-4400, ext 341

WV PEIA CHANGE IN STATUS-MUST BE COMPLETED ON-LINE (Change in Status, Change in Beneficiary, and Change in Address)

Log on to the WV PEIA website, select "Manage My Benefits"

Create your Account (if have not already created an account)

Make desired changes-listed above

Upload documentation

STATUS CHANGE EVENT	DOCUMENTATION REQUIRED
Divorce	First and Last page of the signed divorce decree.
Marriage	Copy of valid marriage license/certificate.
Birth of Child	Copy of child's birth certificate.
Adoption	Copy of adoption papers
Adding dependent coverage	Copy of child's birth certificate
Open enrollment for spouse	Copy of printed material showing enrollment dates w/ employer name
Death of spouse/dependent	Copy of death certificate
Beginning of spouse employment	Letter from employer stating hire date, date of insurance, coverage, dependents covered
End of spouse employment	Letter from employer stating term date, date of lost coverage, dependents covered
Change in health coverage due to spouse's employment	Letter from insurance carrier indicating the change in coverage, the effective date of the change, dependents covered
Unpaid leave of absence	A letter from your, your spouse's, or dependent's personnel office stating date went or returned from unpaid leave
Change from FT to PT	A letter from your, your spouse's, or dependent's employer stating the previous hrs and new hrs worked and effective dates.

State of West Virginia
Consolidated Public Retirement Board
Internet Form (Signature in Blue Ink Only)
 4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636
 Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

CHANGE OF NAME OF MEMBER

I hereby certify that on _____ my name was
 changed from _____
 to _____ *

**Please attach legal documentation supporting such change (i.e. marriage certificate, divorce decree or court order.)*

My Social Security Number is _____

Employer _____

Dated at _____

this _____ day of _____, 20____

(Signature of Witness)	(Signature of Member)
	Street _____
	City _____
	State _____
	Zip Code _____
	Phone _____
	Email Address _____

NOTE: If you have not yet retired and wish to change the name of your beneficiary, it will be necessary for you to complete an updated Pre-Retirement Beneficiary Form.

CPRB Use Only					
<u>Plan:</u>	<input type="checkbox"/> PERS	<input type="checkbox"/> TRS	<input type="checkbox"/> DSRS	<input type="checkbox"/> JRS	<input type="checkbox"/> EMSRS
	<input type="checkbox"/> PLAN A	<input type="checkbox"/> PLAN B	<input type="checkbox"/> MPFRS		
<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Loans		

State of West Virginia
Consolidated Public Retirement Board
Internet Form (Signature in Blue Ink Only)
 4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636
 Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

PRE-RETIREMENT BENEFICIARY
TEACHERS DEFINED BENEFIT RETIREMENT SYSTEM
(In Blue Ink Only)

SS# _____ EMPLOYER: Marshall County Schools

DATE OF BIRTH: _____ PHONE: _____

I _____, do hereby direct that in the event of my death before my annuity starting date, the Teachers' Defined Benefit Retirement System be authorized and directed to pay the full amount of my accumulated contributions, plus any interest, to the person(s) designated below, as my named beneficiary(ies).

I further understand that if I am at least fifty (50) years old and have at least twenty-five (25) years of total service at the time of my death, my surviving spouse will become entitled to a monthly annuity only if my spouse is designated as my sole primary refund beneficiary (WV Code §18-7A-23(b)(1)).

I reserve the right to change my beneficiary at any time prior to my retirement, my death or my withdrawal from membership. It is understood before such change can become effective, it must be executed on the beneficiary form approved by the West Virginia Consolidated Public Retirement Board.

Full Name of Beneficiary	Address <i>(Required)</i>	SSN	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%

Note: You may elect to name multiple primary and/or secondary beneficiaries. If you wish to do so and need more space than is provided, attach to this form a sheet of paper with your name and social security number; include all beneficiary information required above, whether the beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive.

Once accepted by CPRB, this form supersedes any and all prior Beneficiary Designations for you under TRS.

SIGNATURE OF MEMBER: _____ DATE: _____

ADDRESS OF MEMBER: _____

SIGNATURE OF WITNESS: _____ DATE: _____

(Witness must be someone other than named beneficiary or member)

ADDRESS OF WITNESS: _____

State of West Virginia
Consolidated Public Retirement Board
Internet Form (Signature in Blue Ink Only)
4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636
Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

REQUEST FOR CHANGE OF ADDRESS
For NonRetirees only

Retirees please use form located at <http://www.wvretirement.com/forms/ChangeAddress.pdf>

Please select your plan:

- | | |
|--|--|
| <input type="checkbox"/> <u>Public Employees Retirement System</u> | <input type="checkbox"/> <u>Deputy Sheriff Retirement System</u> |
| <input type="checkbox"/> <u>State Troopers Retirement</u> | <input checked="" type="checkbox"/> <u>Teachers Retirement (including service personnel)</u> |
| <input type="checkbox"/> <u>Judges Retirement System</u> | |

- Select all that apply:
- | | | |
|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> Loan | <input type="checkbox"/> Refund | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> QDRO | |

Member Name: _____

Social Security Number: _____

Telephone Number: _____

Old Address: _____

I, _____, do hereby request that the Consolidated Public Retirement Board, as administrator of my state retirement plan, change my mailing address for all purposes relevant under said plan to the following:

New Address: _____

I understand that this will be the address to which all state retirement plan notices, information and correspondence will be sent on my behalf unless and until I notify the Consolidated Public Retirement Board, in writing, of any subsequent address change which should be made.

Dated: _____ Signed: _____

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$

Step 4 (optional): Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)



WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE FORM WV/IT-104

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

----- cut here -----

WV/IT-104
Rev. 12/09

WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE



Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0" _____
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.

(a) If you claim both of these exemptions, enter "2"	}	
(b) If you claim one of these exemptions, enter "1"		
(c) If you claim neither of these exemptions, enter "0"		
3. If you claim exemptions for one or more dependents, enter the number of such exemptions. _____
4. Add the number of exemptions which you have claimed above and enter the total
5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here
6. Additional withholding per pay period under agreement with employer, enter amount here \$ _____

Note that special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104. CERTIFY, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date _____

Signature _____

NONRESIDENTS-SEE REVERSE SIDE