



New Hire / Terminated Employee Census Request Form

PLAN NAME: _____

This form is used to report the following: newly hired employee, terminated employees, name change of a participant (resulting from marriage or divorce), or change of address for a participant. If the employee is terminating, and is entitled to a distribution, please have the participant fill out the Distribution Request Form.

- New Hire (Complete Section A) Name Change (Submit supporting documents)
 Termination (Complete Section B) Address Change

Employee Name (Last, First, M.): _____

Social Security Number: _____

Date of Hire: ____/____/____

Date of Birth: ____/____/____

Mailing Address: _____

Check here if this is a NEW Address

A. Newly Hired Employee - Please complete if reporting a newly hired employee.

Sex: Male Female

Marital Status: Not Married
 Married - Spouse Name _____

Original Date of Hire (*for Rehire Only*): ____/____/____

Original Termination Date (*for Rehire Only*): ____/____/____

Percentage (%) of Voting Stock: _____ %

In Top 20% of Highly Paid Employees: Yes No

B. Terminating Employee - Please complete if reporting a terminating employee.

Official Date of Termination: ____/____/____

Hours of services worked Year-to-Date: _____

Final Year-to-Date Compensation: _____

Plan Administrator's Signature: _____ Date: ____/____/____