



# New Hire/ Terminated Employee Census Request Form

Employer / 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)**    
  **Division Change**  
 **Termination (Complete Section B)**    
  **Address Change**

Employee Name (Last Name, First Name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Division: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Check here if this is a NEW Address

E-mail Address: \_\_\_\_\_

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

Sex:      Male      Female

Marital Status:    Not Married

Married

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

**A. Terminating Employee - Please complete if reporting a terminated employee.**

Official Date of Termination: \_\_\_\_\_

Hours of Service worked Year-to-Date: \_\_\_\_\_

Final Year-to-Date Compensation: \_\_\_\_\_

**AUTHORIZATION:** I agree and authorize ASC Trust Corporation to update my account to reflect the information above.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Plan Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_