

Plan Number (598XXX): \_\_\_\_\_

Agency Name: \_\_\_\_\_

SSN: \_\_\_\_\_  
(No Dashes)

Current Name: \_\_\_\_\_

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**Instructions:** The Employee Information Change form is used to request changes to your enrollment data. Complete **ONLY** those sections below, with the updated information, that you wish to be change. *Note: If your name is changing, please notify your payroll representative. They will need to make applicable updates on their contribution spreadsheet submission to the HART Retirement Plan. If you have a Life Change, please consider updating your beneficiary designation, Form #140 Change of Beneficiary.*

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Incorrect SSN: \_\_\_\_\_  
(No Dashes)

Correct SSN: \_\_\_\_\_  
(No Dashes)

Name Change From: (Last, First, M): \_\_\_\_\_

Name Change To: (Last, First, M): \_\_\_\_\_

Reason for Change:  Marriage  Divorce

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Date of Hire (MM/DD/YYYY): \_\_\_\_\_

Date of Termination (MM/DD/YYYY): \_\_\_\_\_

Date of Participation (Plan Entry Date): \_\_\_\_\_  
(MM/YYYY)

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**Acknowledgement and Signature**

I hereby authorize the changes indicated above to be made to my account.

Name of Agency Authorized Official (Print): \_\_\_\_\_

Signature of Agency Authorized official (REQUIRED): \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

The original form should be kept at the Agency for recordkeeping purposes & a copy should be submitted for processing via email or fax:

**Housing Agency Retirement Trust, c/o ADP Retirement Services**

**Fax: 1-973-712-7489**

**Email: ADPRS.EFORMS@adp.com**