



401A PART-TIME & TEMPORARY
RETIREMENT PLAN
STATUS CHANGE FORM

Employee Name (Print or type) _____

Social Security Number _____

Department Name _____

Date of Change _____

TO: Human Resources Retirement Division

FAX: (951) 955-8538

PERSONAL DATA CHANGE — PROOF REQUIRED FOR NAME CHANGE. ATTACH COPY OF SOCIAL SECURITY CARD.

Name Change _____

(Former Name) _____

Mailing Address Change _____

City, State, ZIP Code _____

New Phone Information (Include Area Code) _____

Email address _____

PERSONAL STATUS CHANGE — SUBMIT TO CENTRAL HUMAN RESOURCES WITH REQUIRED ATTACHMENTS.

Type of change:

Name Change (Social Security documentation required)

Employee's Signature

Date

Comments:

Return forms to: County of Riverside – Human Resources Retirement Division
P.O. Box 1569 – Riverside, CA 92502-1569
Phone: (951) 955-4981, Option 2
Email: RETIREMENT@rivco.org
Fax: (951) 955-8538