



TOWN OF HUDSON
TREASURER'S OFFICE
78 MAIN STREET
HUDSON, MA 01749

Employee Change of Address/Name Form

Address Change: To change your address, you must complete this form and provide photo identification and proof of address change. Return completed form and documents to School Human Resources and upload through PowerSchool.

Legal Name Change: To change your name, you must complete this form and provide the following documents if applicable, and return them to School Human Resources and upload through PowerSchool.

- a certified marriage certificate or a certified divorce decree
- a social security card referencing your new name
- revised tax forms (W4 and M4) which are available online at <https://www.townofhudson.org/873/Employee-Onboarding> within the Onboarding packets
- PLEASE NOTE: If your legal name has changed, you only have 30 days to reflect the change in your benefit coverage, so you must report to the Treasurer's Office at the Town Hall as soon as possible. Failure to do so may result in ineligibility and/or a denial of claims.

Please check all of the boxes that correspond to your current town benefits. If you are enrolled in health, dental, vision, and/or life insurance, the insurance companies have their own change of address/name forms that you must also complete. *To change your name and/or address with your retirement, Flexible Spending Account, and/or Deferred Compensation, you must contact them directly.*

<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Dental Insurance	<input type="checkbox"/> Middlesex Retirement System
<input type="checkbox"/> Vision Insurance	<input type="checkbox"/> Mandatory Deferred Comp (OBRA/SMART Plan)
<input type="checkbox"/> Flexible Spending Account	

Please update my personnel and payroll records to reflect the following changes:

Please check one: Active Employee Retiree* Yes No
*If Retiree, does this change apply to spouse as well?

Current Information		New Information	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
Email:		Email:	

I verify that the information above is accurate to the best of my knowledge and authorize the Town of Hudson to make these changes:

Signature:	Date:
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Date Received:	Date Change(s) made/verified:	Payroll Signature:
Type of Supporting Document:		