

TODAY'S DATE: _____

NAME: _____

A. **CHANGE of ADDRESS** *please print clearly*

NEW

ADDRESS: _____

CITY/PROV.: _____ POSTAL CODE: _____

TELEPHONE: _____ or check box if same: Y

CELL #: _____ or other #: _____

WARD/DEPT.: _____

EFFECTIVE DATE OF CHANGE: _____

B. **CHANGE of NAME or MARITAL STATUS**

FORMER NAME: _____

CHANGED TO: _____

If you wish to update/change your next of kin notification in case of accident, supply:

NAME: _____

ADDRESS: _____

CITY/PROV.: _____ POSTAL CODE: _____

TELEPHONE: _____ WORK: _____

RELATIONSHIP: _____

*Please note – contact Benefits Clerk regarding update of benefits.

TODAY'S DATE: _____

NAME: _____

A. **CHANGE of ADDRESS** *please print clearly*

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