



Personal Data Change Form

You may also need to complete other forms related to benefit coverage, depending on the type of personal information change.

*Employee Name (last name, first name & initial)		
*Employee ID	*Date of Birth (D/M/Y)	*Effective Date of Change (D/M/Y)
Type of change: Marital Status __ Name __ Address __ Phone Number __ Email __ Emergency Contact __ If legal name (except when due to a new Marital Status) or sex change, include proof, i.e. copy of new driver's licence or other government-issued ID.		

*Required

New Marital Status (please indicate dd/mm/yy)

Marriage - date of marriage	Common-law spouse - date of cohabitation	Widow(er) - date of spouse's death	Divorced - Date of divorce	Legal Separation - date of separation
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New Name

From	To
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New Sex	Male _____	Female _____
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New Address

Street & No.	City/Town	Province	Postal Code
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New Telephone Number (indicate type, i.e. home, cell, etc.)

Type	Area code & number
Type	Area code & number

Email Address - Optional

Home Email Address

Emergency Contact Information

Name
Relationship
Home Phone
Work Phone

Declaration and Authorization

I have verified the information on this form and declare that it is accurate and complete.

Signature of Employee

Date

Witness

Date

Workforce Operations Advisor

Date