

Active Member

Change of Information



SHEPP
People. Pensions. Results.

1 Member Record

FORM ID: 008 CASE ID: _____

Member Information

First Name _____ Middle _____ Last Name _____
SIN _____ Date of Birth (dd/mm/yyyy) _____ Member ID# _____

Change Member Biographic Information

First Name _____ Middle _____ Last Name _____
Title: ☐ Ms. ☐ Miss ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Sister ☐ Father ☐ Reverend ☐ Other _____
Date of Birth (dd/mm/yyyy) _____

Change Member Address and Contact Information

Address _____ City _____ Province _____
Postal Code _____ Country _____ Phone _____
Email _____

Change Spousal Information

Marital Status: ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed
Spouse's First Name _____ Initial _____ Spouse's Last Name _____
Spouse's Date of Birth (dd/mm/yyyy) _____ Spouse's Gender: ☐ Female ☐ Male

2 Change Employment Information

Employer Number _____ Employer Name _____
Employment Classification: ☐ Permanent ☐ Temporary Employee Type: ☐ Full-Time ☐ Part-Time ☐ Casual
Union Affiliation _____ Hire Date (dd/mm/yyyy) _____ SHEPP Enrolment Date (dd/mm/yyyy) _____
Effective date of change (dd/mm/yyyy) _____
Comments _____

3 Employer Authorisation

Contact Name _____
Title _____
Phone _____ Fax _____
Email _____
Contact Signature _____ Date (dd/mm/yyyy) _____

4 Processing

Request taken by _____ Date (dd/mm/yyyy) _____
Record update complete (sign-off) _____ Date (dd/mm/yyyy) _____

Instructions

- ✓ Submit this form to SHEPP
- ✓ Keep a copy for your files
- ✓ Provide a copy to the member

SHEPP recognises and respects the importance of your privacy. Personal information collected is used for the purpose of administering your benefits under the Plan.

102 - 4581 Parliament Ave. Phone: 306.751.8300
Regina, SK S4W 0G3 Toll Free: 1.866.394.4440
Fax: 306.751.8301

sheppinfo@shepp.ca

www.shepp.ca