



# SHEPP

SASKATCHEWAN HEALTHCARE  
EMPLOYEES' PENSION PLAN

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## Active Member Change of Information

FOR OFFICE USE ONLY: 008

CASE ID: \_\_\_\_\_

### 1 Member Record

#### Member Information

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

#### Change Member Biographic Information

Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Title:  Ms.  Miss  Mrs.  Mr.  Dr.  Sister  Other \_\_\_\_\_ Date of Birth \_\_\_\_\_ (dd/mm/yyyy)

#### Change Member Address & Contact Information

Address 1 \_\_\_\_\_ City \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ (###)###-#### E-mail \_\_\_\_\_

#### 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 Employment Details

#### Change Employment Information

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

#### Comments

### 3 Authorisation

#### Employer Authorisation

Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ (###)###-#### Fax \_\_\_\_\_ (###)###-#### E-mail \_\_\_\_\_  
Date \_\_\_\_\_ (dd/mm/yyyy)  
Contact Signature \_\_\_\_\_

### 4 Processing

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

Instructions:  Submit this form to SHEPP  Provide a copy to the member  Keep a copy for your files