

Change of Information Form

Type of Change

select all that apply

single or family status
employee name change
employee address change
email address change
claims option change

Single or Family

current

Single or Family

change to

Employee Name

current

Employee Name

change to

Street Address

change to

City and Province

change to

Postal Code

change to

email address

change to

Claims Options

claims payment by **Cheque**

claims payment by **Direct Deposit**

email address

Employee

company name of the employer

name of the employee

current date

signature of employee

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