

Change of Address

First Name		Last Name			Employee Number
Division		Section			Unit
New Address		1			
Street Number	Street Name	treet Name			Suite/Unit Number
City	Province		ince		Postal Code
Home Telephone Number				Mobile Number	
Effective Date (yy	yyy-mm-dd)				
Emergency Co	ontact				
First Name				Last Name	
Address (If differen	ent from employee's	new address)			
Street Number	Street Name				Suite/Unit Number
City	1	Province			Postal Code
Home Telephone Number				Mobile Number	
Employee Signature					Date (yyyy-mm-dd)

Send form to:

Pension, Payroll & Employee Benefits, Payroll & Benefits Processing Metro Hall, 13th floor, 55 John Street, Toronto, ON, M5V 3C6

Note: If you are <u>enrolled</u> in OMERS or <u>in receipt</u> of OMERS pension, you must also change your address with OMERS using myOMERS or by contacting OMERS, Client Services at 416-369-2444 or <u>client@omers.com</u>.

Office Use Only	
Payroll Representative Signature:	Date Changed (yyyy-mm-dd):

The personal information on this form is collected under the authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (b) and (c). The information is used to update employee records in SAP. Questions about this collection can be directed to Manager, Pension, Payroll and Benefits Processing, 55 John Street, 13th Floor, Metro Hall, Toronto, ON, M5V3C6. Telephone: 416-392-8352