



## Change of Address

### Employee Information

First Name	Last Name	Employee Number
Division	Section	Unit

### New Address

Street Number	Street Name	Suite/Unit Number
City	Province	Postal Code
Home Telephone Number	Mobile Number	
Effective Date (yyyy-mm-dd)		

### Emergency Contact

First Name	Last Name
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Address (If different from employee's new address)

Street Number	Street Name	Suite/Unit Number
City	Province	Postal Code
Home Telephone Number	Mobile Number	

Employee Signature	Date (yyyy-mm-dd)
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**Send form to:**

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

**Note:** If you are **enrolled** in OMERS or **in receipt** of OMERS pension, you must also change your address with OMERS using myOMERS or by contacting OMERS, Client Services at 416-369-2444 or [client@omers.com](mailto:client@omers.com).

### Office Use Only

Payroll Representative Signature:

Date Changed (yyyy-mm-dd):