

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	e Number	I	Mobile Number	
Effective Date (y	yyy-mm-dd)		I	

Emergency Contact

First Name	Last Name

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)

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

