

Change of Address

Employee Information						
First Name		Last Name			Employee Number	
Division		Section			Unit	
New Address						
Street Number Street Name			,		Suite/Unit Number	
City	<u> </u>		Province		Postal Code	
Home Telephone Number			Mobile Number			
Effective Date (yyyy-mm-dd)						
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, 13 th 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						
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

