

Employer Data Change Form

1 Organization Information (please print)

Updated May 2019

Legal Name of Organization: _____ Employer Code (4 digit): _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

CEO Contact:

Phone Number: _____ Email Address: _____

Add Remove Change Replace If so, who is being replaced? _____

Human Resources Contact:

(Note: This person should be the first point of contact for pension issues, such as enrolments, terminations, and administration of the Plan.)

Human Resources Contact Name: _____ Official Title: _____

Phone Number: _____ Email Address: _____

Add Remove Change Replace If so, who is being replaced? _____

Payroll Contact:

(Note: This person should be the first point of contact regarding contribution rates, remittances and payment issues.)

Payroll Contact Name: _____ Official Title: _____

Phone Number: _____ Email Address: _____

Add Remove Change Replace If so, who is being replaced? _____

2 Contribution Details

Please confirm the contribution rates for the various employee groups within your organization:

Employee Group	Current Employee Contribution Rate	Current Employer Contribution Rate	New Employee Contribution Rate	New Employer Contribution Rate	Current Payroll Cycle	New Payroll Cycle	Date of Changes

Form completed by: _____ Phone Number: _____