



# Employer Data Change Form

## 1 Organization Information (Please Print)

Legal Name of Organization: \_\_\_\_\_ Employer Code (4 digits): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**CEO Contact Name:** \_\_\_\_\_

CEO Phone Number: \_\_\_\_\_ CEO 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 pensions issues, such as enrolments, terminations, and administration of the Plan.)*

HR Contact Name: \_\_\_\_\_ Official Title: \_\_\_\_\_

HR Phone Number: \_\_\_\_\_ HR 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: \_\_\_\_\_