

## Employee Address Change Form

<b>LAST NAME, FIRST NAME</b>			
<b>HEALTH AUTHORITY</b>	PHC <input type="checkbox"/>	PHSA <input type="checkbox"/>	VCH <input type="checkbox"/>
<b>EMPLOYEE ID</b>			

### Address Change

Street	<input style="width: 95%;" type="text"/>	Main Phone Number	<input style="width: 95%;" type="text"/>
City, Province	<input style="width: 95%;" type="text"/>	Other Phone Number	<input style="width: 95%;" type="text"/>
Postal Code	<input style="width: 95%;" type="text"/>	Home Email Address	<input style="width: 95%;" type="text"/>
Effective Date	<input style="width: 80%;" type="text"/>	Business Email Address	<input style="width: 95%;" type="text"/>

Employee Records & Benefits will update the following benefit carriers if you are enrolled in our benefits:

Medical Service Plan (MSP)

Pacific Blue Cross (PBC)

Municipal Pension Plan/ Public Service Pension Plan

Please provide the following information if you are currently enrolled in our benefits:

**Medical Service Plan Care Card Number:** \_\_\_\_\_

**Pacific Blue Cross Number (BID/CID):** \_\_\_\_\_

**By completing this form, all previous information will be REPLACED on your employee record.**

### Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Mandatory – form must be printed and signed)**

Return this form to the attention of Employee Records & Benefits by:

Mail: 1st Floor - 1795 Willingdon Avenue, Burnaby, BC V5C 6E3 Email: [EmployeeRBSupport@phsa.ca](mailto:EmployeeRBSupport@phsa.ca) Fax: 604-297-9316