Please send completed form to:

PRAIRIE TEAMSTERS ADMINISTRATION SERVICES LTD. 155, 7260 – 12 Street S.E. Calgary, AB T2H 2S5

info@ptadmin.ca

G.T. 362 HEALTH & WELFARE PLAN NOTICE OF CHANGE						
MEMBER NAME	EMAIL		PHONE #			
SIN			EMAIL			
EMPLOYER NAME &	& LOCATION					
MARITAL STATUS (PI	te of Marriage, Divorce, Separation or Common Law		/	/		
	Married	Divorced	Separated	Common Law	Day Month	Year
ADDITIONS						
<u>Last Name</u> <u>First Name</u>		Date of Birth day/mo/yr		<u>Sex</u> male/female/other	Relationship	Provincial Health Care
				male/temale/other	spouse/son/daughter/step child	yes/no
New Group I.D. Card Required?		(check if yes)				
DELETIONS						
<u>Last Name</u>	<u>First Name</u>	<u>Date of Birth</u> day/mo/yr		<u>Reason</u>		
NEW ADDRESS						
CHANGE OF NAME	: Please ensure that you se	end us a copy	of the gover	nement issued char	nge	
I direct that my nan	ne / my Spouse's r	name b	e changed:	(Please check the o	ne that applies)	
From	Las				Final	
To	·			First		
	st			First		
MEMBER SIGNATU	RE			*** NAME OF	WITNESS	
DATE day/mo/yr			WITNESS SIGN	ATURE		
				DATE day/mo	/yr	