Please send completed form to:

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

PRAIRIE TEAMSTERS HEALTH & WELFARE PLAN
NOTICE OF CHANGE

MEMBER NAME _____ PHONE # _____

SIN _____ EMAIL _____

EMPLOYER NAME & LOCATION _____

MARITAL STATUS (Please check one) Date of Marriage, Divorce, Separation or Common Law ____ / ____ / ____
Day *Month* *Year*

Married ☐ **Divorced** ☐ **Separated** ☐ **Common Law** ☐

ADDITIONS

Last Name	First Name	Date of Birth day/mo/yr	Sex male/female/other	Relationship spouse/son/daughter/step child	Provincial Health Care yes/no

New Group I.D. Card Required? ☐ ***(check if yes)****

DELETIONS

Last Name	First Name	Date of Birth day/mo/yr	Reason

NEW ADDRESS

_____

CHANGE OF NAME: *Please ensure that you send us a copy of the governement issued showing new name*

I direct that my name ☐ / my Spouse's name ☐ be changed: (*Please check the one that applies*)

From _____ _____
Last *First*

To _____ _____
Last *First*

_____ _____
MEMBER SIGNATURE ***** NAME OF WITNESS**

_____ _____
DATE day/mo/yr **WITNESS SIGNATURE**

_____
DATE day/mo/yr

****** Witness only needed for Change of Name ******

ver 1.01.0423