

Information Change Form (Teacher on Contract)

Instructions: Complete this form only when there is a change in your personal circumstances including termination of contract or retirement. If you are new to teaching in Saskatchewan, or have signed a new contract of employment, please refer to and complete an **Enrolment Form**, which is available from your board office or at www.stf.sk.ca.

Return completed form to:
STF Members' Health Plan
PO Box 1944 Stn Main
Saskatoon SK S7K 3S5

The yellow copy will be forwarded to the Teachers' Superannuation Commission on your behalf.

General Information

Member Identification Number 0 1 0 0 0	Social Insurance Number	Teaching Certificate Number
Last Name	First Name	Initial Preferred Name

Information to Change – Check (✓) all that apply and complete appropriate section(s) below.

Name/Address <input type="checkbox"/> Name Change <input type="checkbox"/> Address and/or Telephone Number	Dependant Information <input type="checkbox"/> Marital Status <input type="checkbox"/> Dependant(s)	Employment Status <input type="checkbox"/> On Leave <input type="checkbox"/> Retirement <input type="checkbox"/> Return From Leave <input type="checkbox"/> Left Employ <input type="checkbox"/> School Name
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Employment Status

Notification of leave from (DD MM YY) to Termination of contract effective (DD MM YY)

(Please include copy of Board letter of approval.)

Name/Address

Member Name Change From/To – **Note:** Member must also contact SK Learning-Teacher Records (787-6017)

Home Mailing Address

City Province Postal Code Home Phone

Dependant Information

Effective Date of Change (DD MM YY) Reason

Spouse Information
Add Change Remove First Name (and Last Name If Different) Date of Birth (DD MM YY) Gender Male Female

If your spouse has an Employer Group Plan complete the following:

Coverage Provided **Health:** Single Waived Family None **Dental:** Single Waived Family None
Vision: Single Waived Family None **Drugs:** Single Waived Family None

Insurance Carrier Group Policy Number Effective Date of Coverage

If your spouse is a teacher, please provide Member Identification Number Cancel Date of Coverage

Children Information (*If dependent child is 21 or older, attach verification of full-time status at educational institution.)

Add	Change	Remove	First Name (and Last Name If Different)	Date of Birth (DD MM YY)	Gender	Full-time Student?*	Mentally or Physically Disabled?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Authorization

I confirm that the foregoing information is true, complete and accurate as of this date. I consent to the Saskatchewan Teachers' Federation (STF) obtaining, retaining, disclosing, exchanging and using any personal information, including personal health information, about me or my dependants ("information"), at any time, from, to or with others, including STF's affiliates, service suppliers, successors, assigns and other persons, but only for the purpose of furthering or maintaining a current or future relationship between us or between STF and such person, or as may be necessary to determine my or my dependants' entitlement to health, dental, disability, pension and group insurance benefits or any other similar service supplied to me or my dependants by STF, its affiliates or service suppliers. I agree that my consent to the foregoing is a fundamental condition of STF providing certain services to me and my dependants and may not be revoked or withdrawn. I agree to immediately notify STF in writing of any change to the above-listed information.

Member Signature Date signed (DD MM YY)



2317 Arlington Avenue
Saskatoon SK S7J 2H8
Phone: (306) 373-1660
Toll Free: 1-800-667-7762
Fax: (306) 374-1122



Teachers'
Superannuation
Commission

129-3085 Albert Street
Regina SK S4S 0B1
Phone: (306) 787-6440
Toll Free: 1-877-364-8202
Fax: (306) 787-1939

The information you provide to us will be used to provide services to you and to determine your entitlement for health, dental, disability, pension and group insurance benefits. Please direct your inquiries as follows:

Dental

- **Teachers' Superannuation Commission**
Toll free 1-877-364-8202 or (306) 787-8814 in Regina

Disability

- **Income Continuance Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or (306) 373-1660 in Saskatoon
- **Saskatchewan Teachers' Superannuation Disability Plan**
Toll free 1-877-364-8202 or (306) 787-6441 in Regina

Health

- **STF Members' Health Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or (306) 373-1660 in Saskatoon

Pension

- **Saskatchewan Teachers' Retirement Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or (306) 373-1660 in Saskatoon
- **Saskatchewan Teachers' Superannuation Plan**
Teachers' Superannuation Commission
Toll free 1-877-364-8202 or (306) 787-8141 in Regina

Definitions

- **Dependent Information**
For the purposes of the STF Members' Health Plan and the Teachers' Dental Plan only:
 - **Spouse** means your legal spouse, or the person who has cohabited continuously with you in a spousal relationship for at least 12 consecutive months.
 - **Dependent child** means your natural, adopted or step-child who is:
 - under 21 years of age, unmarried, living with you, and solely dependent upon you for support,
 - age 21 or under age 26, dependent upon you for support and in full-time attendance at a university, college, or other educational institution providing courses at a post-secondary level,
 - 21 years of age or older and is incapable of supporting themselves because of physical or mental disability where the disabling condition began
 - before age 21
 - or before age 26 if the child was in full-time attendance at an educational institution and the disabling condition has been continuous since that time.

Ongoing Enrolment Information Required

It is critical to maintain accurate and current records for you and your dependents. If you have a change in your personal information, contract status and/or dependent information please complete an Information Change Form.