

**Instructions:** Complete this form when there is a change in your personal information or circumstances, including termination of your contract or retirement. If you are new to teaching in Saskatchewan or have signed a new contract of employment, you must complete an **Enrolment form**, which is available from your employing school board or at [www.stf.sk.ca](http://www.stf.sk.ca).

Please complete the General Information section below and the section(s) applicable to your change of information.

**Note:** You must advise the Saskatchewan Teachers' Superannuation Commission of any changes to your personal information by completing a Teachers' Dental Plan Change of Information form. (See back for details.)

**Return completed form to:**  
Saskatchewan Teachers' Federation  
2317 Arlington Avenue  
Saskatoon SK S7J 2H8

General Information				
Member Identification Number	Social Insurance Number	Teacher's Certificate Number	School Name	
0   1				
Last Name		First Name	Initial	Preferred Name

Employment Status	
<input type="checkbox"/> Retire	Termination date of Contract (DD MMM YYYY)
<input type="checkbox"/> Left Employ	Termination date of Contract (DD MMM YYYY)
<input type="checkbox"/> On Leave	Date of leave from (DD MMM YYYY)                     to (DD MMM YYYY)

Name/Address/Email			
Member Name Change From/To		Preferred Non-Employer Email Address	
Home Mailing Address		Home Phone	
		( )	
City	Province	Postal Code	Mobile Phone
			( )

Dependant Information for Members' Health Plan (All eligible dependants must have valid provincial health plan coverage.)				
Effective Date of Change (DD MMM YYYY)	Reason			
<b>Spouse Information</b>				
Add <input type="checkbox"/> Change <input type="checkbox"/> Remove <input type="checkbox"/>	Last Name	First Name	Date of Birth (DD MMM YYYY)	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
If your spouse has a group plan, complete the following:				
Check (✓) coverage: <b>Health:</b> <input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Waived <input type="checkbox"/> None		Effective Date of Coverage (DD MMM YYYY)		
<b>Drugs:</b> <input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Waived <input type="checkbox"/> None		Date Coverage Cancelled (DD MMM YYYY)		
<b>Vision:</b> <input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Waived <input type="checkbox"/> None				
If your spouse is a teacher, please provide his/her member identification number		0   1		

Children Information (*If dependent child is 21 or older, attach verification of full-time student status from educational institution.)						
Add <input type="checkbox"/> Change <input type="checkbox"/> Remove <input type="checkbox"/>	Last Name	First Name	Date of Birth (DD MMM YYYY)	Gender	Full-Time Student?*	Disabled Dependant?
<input type="checkbox"/>				<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"/> 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"/> 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"/> 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 ("Personal Information"), in accordance with the STF's Privacy Notice and policies, at any time, from, to or with others, including the 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 the 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 similar service supplied to me or my dependants by the STF, its affiliates or service suppliers. I agree that my consent to the foregoing is a fundamental condition of the STF providing certain services to me and my dependants and that, if such consent is revoked or withdrawn, the STF will no longer be able to provide those services to me and my dependants. I agree to immediately notify the STF in writing of any change to the above-listed Personal Information.	
Member Signature <input checked="" type="checkbox"/>	Date Signed (DD MMM YYYY)

## Consent For Data Analysis and Research For Teachers

I understand that the STF will obtain, retain, disclose, exchange and use Personal Information for the purposes of statistical analysis and research, formally referred to as Data Analysis and Research for Teachers ("DART"). I understand and agree that any Personal Information will be de-identified and aggregated with the personal information of others for use in connection with DART to ensure the protection of the privacy of me and my dependants. I understand that providing my consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information in connection with DART is optional, but if I choose not to provide this consent, this will negatively impact the accuracy, reliability and quality of the STF's statistical analysis and research. Please check one of the following:

- I consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information in connection with DART in accordance with the STF's Privacy Notice and policies.
- I do not consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information in connection with DART.

## How Your Information is Used

It is critical that we have accurate and current information for you and your dependants. The information you provide to the Saskatchewan Teachers' Federation is used to ensure you have access to all of the services offered by the Federation, and to determine your entitlements for health, disability, pension and group insurance benefits.

## Preferred Non-Employer Email Address

Your preferred email address is used to provide you with electronic communications from the Federation. Members are encouraged to provide a preferred email address as all communications from the Federation, including information on provincial collective bargaining, will be sent to this email address.

## Dependant Information for the Health Plan

For purposes of the health plan:

- **Spouse** means your legal spouse, or the person who has been living with you in a spousal relationship for at least 12 consecutive months.
- **Dependant** means your natural, adopted or stepchild who is:
  - Under 21 years of age, unmarried, living with you and solely dependent upon you for support. (Children under age 21 are not covered if they are working more than 30 hours per week, unless they are full-time students.)
  - Age 21 or older but under age 26, unmarried, dependent upon you for support and in full-time attendance at an accredited post-secondary educational institution.
  - Age 21 or older and is incapable of supporting his or herself because of a physical or mental disability, provided the disabling condition began before age 21, or before age 26 while a full-time student, and the disability has been continuous since then.

## Make Your Changes Online – It's Quick and Easy!

Changes to your name, mailing address, preferred email address, school name, or health plan spouse or dependant information can be updated online in the MySTF section of the Federation website, [www.stf.sk.ca](http://www.stf.sk.ca). However, this Change of Information form must be used to notify the Federation of changes to your employment status.

## Remember to Notify the Dental Plan

To notify the dental plan of any changes to your personal information, you must complete a Teachers' Dental Plan Change of Information form and return it to the Saskatchewan Teachers' Superannuation Commission. This form is available on the Commission's website at [www.stsc.gov.sk.ca](http://www.stsc.gov.sk.ca) > Applications and/or Forms or by calling toll free 1-877-364-8202 or 306-787-8814 in Regina.

## Data Analysis and Research for Teachers

The Data Analysis and Research for Teachers ("DART") project enables the STF to effectively use data generated from its various organizational units for research and robust statistical analysis to guide operational planning, inform decision-making, improve organizational services, and ultimately, to support the member-driven work of the organization. All personal information collected, used and disclosed in connection with DART is de-identified and aggregated with the personal information of others, so that it cannot be traced back to any identifiable individual, prior to its use or disclosure.



**Saskatoon – Head Office**  
2317 Arlington Avenue, Saskatoon SK S7J 2H8  
T: 306-373-1660 or 1-800-667-7762 F: 306-374-1122 E: [stf@stf.sk.ca](mailto:stf@stf.sk.ca)

**Regina – Appointments Only**  
Suite 375-3303 Hillsdale Street, Regina SK S4S 6W9

[www.stf.sk.ca](http://www.stf.sk.ca)    @SaskTeachersFed