PEI School Boards Notice of Employment Information Change

Please return completed form to:

Pensions & Benefits Attn: Audrey Paynter PO Box 2000

Charlottetown, PE C1A 7N8 Fax: (902) 620-3096

The Pension Office requires that this information remain current in order to provide members with:

- Important member updates/information
- Their annual pension statement

Change to Employee's Personal Information

When your office receives a change to an employee's personal information (ie. name, address or email), please forward a copy of the change to the Pension & Benefits Office – Attn: Audrey Paynter.

Change to Employee's **Employment** Information

When there is a change to an employee's employment information, please complete this form and forward to the Pensions & Benefits office – Attn: Audrey Paynter.

EMPLOYER TO COMPLETE						
Last Name			SIN			
First Name		Employee II)			
Teachers' Superannuation Fund (TSF)		Civil Service Superannuation Fund (CSSF)				
□ Re	egular		☐ Excluded Personnel			
□ E x	cluded Personnel					
□ E as	tern School District					
School Name				Schoo	l Code	
Standard Year]	□ 10 month	☐ 12 month			
Comments: Completed by: _				Dat	e:	
For Pension Office Use Only						
Ent'd into Ariel by:			Date:			