

MUNICIPAL EMPLOYEES BENEFITS PROGRAM  
DATA CHANGE NOTICE

Employer Number \_\_\_\_\_ Employer Name \_\_\_\_\_

Employee Name (on MEBP's records) \_\_\_\_\_ S.I.N. \_\_\_\_\_

**(Only Changed Information Needs to be Entered)**

	Information on Record	New or Corrected Information
MAILING ADDRESS:		_____
		_____
		_____
EMPLOYEE:		
SURNAME	_____	_____
GIVEN NAME	_____	_____
HOME #	_____	_____
CELL #	_____	_____
EMAIL	_____	_____
S.I.N.	_____	_____
BIRTH DATE	_____	_____
PROOF OF AGE (Y or N)	_____	_____
MARITAL STATUS	_____	_____
PLAN ENTRY DATE	_____	_____
	Reason for Change _____	
SPOUSE:		
SURNAME	_____	_____
GIVEN NAME	_____	_____
BIRTH DATE	_____	_____
OTHER (Specify):	_____	_____

Effective Date of Change \_\_\_\_\_ (dd/mmm/yyyy)

\_\_\_\_\_  
Date (dd/mmm/yyyy)

\_\_\_\_\_  
Authorized Officer's Signature

Original to MEBP Office  
Copy to Employer File

MEBP USE:  
Date System Changed \_\_\_\_\_ By \_\_\_\_\_