

**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.

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

### General Information (Must have valid provincial health plan coverage.)

Teacher's Certificate Number	Last Name	Legal First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
School Name	Member's Date of Birth (DD MMM YYYY)	Preferred Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Employment Status

Retire      Termination date of Contract (DD MMM YYYY)

Left Employ      Termination date of Contract (DD MMM YYYY)

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		
<input type="text"/>	<input type="text"/>		
Home Mailing Address	Home Phone		
<input type="text"/>	( <input type="text"/> ) <input type="text"/>		
City/Town	Province	Postal Code	Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> ) <input type="text"/>

### Dependant Information (All eligible dependants must have valid provincial health plan coverage.)

Effective Date of Change (DD MMM YYYY)	Reason
<input type="text"/>	<input type="text"/>

### Spouse Information

Add	Change	Remove	Last Name	Legal First Name	Date of Birth (DD MMM YYYY)	Gender
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

If your spouse is a teacher, please provide their teaching certificate number

### Children Information (\*If dependent child is aged 21-25, attach verification of full-time student status from educational institution.)

Add	Change	Remove	Last Name	Legal First Name	Date of Birth (DD MMM YYYY)	Gender	Full-Time Student?*	Disabled Dependant?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<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="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="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="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 ("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	Date Signed (DD MMM YYYY)
<input type="text"/>	<input type="text"/>

**Consent required on the reverse >**

## Consent for Internal Data Use for Research and Statistical Purposes

I understand that the STF will obtain, retain, disclose, exchange and use Personal Information for the purposes of statistical analysis and research. I understand and agree that any Personal Information collected will be de-identified and aggregated with the personal information of others for use of research and statistical purposes 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 research and statistical purposes 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 for the research and statistical purposes described above 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 for the research and statistical purposes described above.

## How Your Information is Used

It's 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, dental, 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 and Dental Plan

In order to be eligible, your spouse and/or dependant children must have valid provincial health plan coverage and have residence status in their home province. For purposes of the health and dental 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 and dental 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.