

This form is intended for use by those who are not under a current contract of employment. If you are a teacher currently under contract of employment, please fill out the Change of Information form which is available from your school or at [www.sjf.sk.ca](http://www.sjf.sk.ca).

## General Information

|                      |                         |                      |
|----------------------|-------------------------|----------------------|
| Last Name            | First Name              | Initial              |
| <input type="text"/> | <input type="text"/>    | <input type="text"/> |
| Preferred Name       | Preferred Email Address |                      |
| <input type="text"/> | <input type="text"/>    |                      |

### Please Choose All That Apply:

Substitute Teacher    Inactive Teacher    Superannuated Teacher

Teacher's Certificate Number

Portaplan Policyholder   Portaplan Policy Number

Change applies to other Portaplan policyholders (see Authorization Section)

Surviving Spouse    Other (please specify)

## Name Change

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>From:</b>         |                      |                      |
| Last Name            | First Name           | Initial              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>To:</b>           |                      |                      |
| Last Name            | First Name           | Initial              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Address Change

Address

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| City/Town            | Province             | Postal Code          | Telephone Number     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Authorization

I confirm that the foregoing information is true, complete and accurate as of this date.

Signature

Date   
(Day/Month/Year, e.g., 31 JAN 2000)

If the above change applies to a Portaplan policyholder other than the person indicated under General Information, the signature of the other policyholder is required.

|                         |                      |                         |                      |                        |                      |
|-------------------------|----------------------|-------------------------|----------------------|------------------------|----------------------|
| Portaplan Policy Number | <input type="text"/> | Print Policyholder Name | <input type="text"/> | Policyholder Signature | <input type="text"/> |
| Portaplan Policy Number | <input type="text"/> | Print Policyholder Name | <input type="text"/> | Policyholder Signature | <input type="text"/> |
| Portaplan Policy Number | <input type="text"/> | Print Policyholder Name | <input type="text"/> | Policyholder Signature | <input type="text"/> |
| Portaplan Policy Number | <input type="text"/> | Print Policyholder Name | <input type="text"/> | Policyholder Signature | <input type="text"/> |

**Return completed form to:** Saskatchewan Teachers' Federation  
2317 Arlington Avenue  
Saskatoon SK S7J 2H8  
Fax: 306-374-1122