

CHANGE OF ADDRESS FORM

Use this form to change your address, telephone number(s) and email address.
You can also update this information on the My InSite member portal.
Click on Member Sign In button at nhripp.ca

INFORMATION ABOUT YOU	Name		
	My Present Employer is		
	Date of Birth	MM / DD / YYYY	NHRIPP ID #
	Previous contact information:		
	Address		
	City	Province	Postal Code
	Email Address		
Phone Number		Cell Phone Number	
NEW CONTACT INFORMATION	Effective Date		MM / DD / YYYY
	Address		
	City	Province	Postal Code
	Email Address		
	Phone Number		Cell Phone Number
CERTIFICATION	I certify that the information given on this form is correct:		
	Sign here: _____		Date: _____
<p>The Pension Plan requires certain personal information about plan members, their employment and their beneficiaries. For example, a pension plan needs to know the birth dates of its members and their social insurance. On occasion, the Plan may need to share some of this information with actuaries and other pension professionals. The Plan will take all necessary steps to protect the privacy of this information. By participating in the Plan, you are consenting to the plan's collection, use and disclosure of this personal information.</p>			