

Employee Address & Emergency Contact Change Form

Organization

- Providence Health Care Provincial Health Services Authority Vancouver Coastal Health
- Emergency Health Services Commission

Last Name, First Name

Employee ID (Mandatory)

Address Change

Street

Home Phone

City, Province, Postal Code

Cell Phone

Email Address

Effective Date

Please provide the following information if you are currently enrolled in our benefits:

Medical Services Plan Care Card Number

Pacific Blue Cross ID Number (BID/CID)

Employee Records & Benefits will update the following benefit carriers if you are enrolled in our benefits:
Medical Services Plan (MSP)
Pacific Blue Cross (PBC)
Municipal Pension Plan/Public Service Pension Plan

Emergency Contact Change

Emergency Contact Name

Home Phone

Relationship

Cell Phone

Signature

Date

Signature _____
(Mandatory - form must be printed and signed)

Return this form to the attention of Employee Records & Benefits using one of the following methods:

Mail: 1st Floor - 1795 Willingdon Avenue, Burnaby, BC V5C 6E3

Email: EmployeeRBSupport@hssbc.ca

Fax: 604-297-9316