

Employee Master Data Change Form

First Name

Last Name

Person ID

Personal Email

Please check off the type of change you wish to report and type or print your new information in the space provided below.

NOTE: A master data change will not change the information in your Benefits accounts. You must also submit the *HEB Healthcare and Dental Change Form* and *Manitoba Blue Cross Notice of Change Form* to HR Shared Services. Visit the Benefits page at <http://home.wrha.mb.ca/hr/benefits.php>

NAME CHANGE

From (first & last name)

To (first & last name)

Check this box to confirm you have provided a government issued identification document that reflects your legal name change (e.g. MB Health card, passport, driver's license, Marriage License, etc.)

Significant life events may result in changes to benefit coverage, beneficiaries, etc. Changes must be made within 60 days of the date of a significant life event or restrictions to benefits coverage will apply.

ADDRESS CHANGE

New Permanent Residence Address & Street #:

City

Province

Postal Code

New Mailing Address & Street

#: City

Province

Postal Code

TELEPHONE NUMBER CHANGE

Replace existing #, or Add #

Phone # (home)

Alternate Phone #

EMERGENCY CONTACT CHANGE

New Emergency Contact Name

Telephone Number

NOTE: Please provide one telephone number only – the number where this individual can be reached during your working hours.
