



## Employee Data Form – Contact Information Change

Last Name:	First Name:
Employee Number:	DOB:

**It is the employee’s responsibility to call HOOPP at 416-646-6445 to update their address or phone number. If applicable, Green Shield will be notified by your employer.**

**Please note that unless otherwise indicated on this form, prior contact information will be removed from your personnel record. If you would like any information to remain as on file, please indicate this within the applicable section below.**

<b>New Information:</b>	
Address/Postal Code:	
Phone #:	Emergency Contact:
Primary:	Relationship:
Secondary (if available):	Contact Number: (H)
Email:	(C)

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

<b>FOR HR OFFICE USE ONLY</b>
<input type="checkbox"/> Phone Number Changes: Email: Staffing, Payroll, Employee’s Manager
<input type="checkbox"/> Address Changes for ONA/SEIU Members: Email: Employee Relations Assistant
<input type="checkbox"/> Update Green Shield
<input type="checkbox"/> Update Virtuo