

**MEMBERSHIP CHANGE FORM**

**Return to Work**

Name:

Address:

City/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Re-employment:

 Name of New Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Re-Employment Start Date: \_\_\_\_\_\_\_\_\_\_\_\_

Re-Employment End Date (tentative): \_\_\_\_\_\_\_\_\_\_\_\_\_

SRA Health and Dental Plan Policy Number: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SRA Health and Dental Plan ID Number: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Member Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Original Retirement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail form to:**

Saskatchewan Retirees Association Walter Scott Building,

3085 Albert St.

Regina, SK S4S 0B1

Or

**Scan and email to: skretireesinfo@gmail.com**

 Approved by SRA:

 Date:

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