

## Change of Information Form

### Type of Change

select all that apply

single or family status  
employee name change  
employee address change  
email address change  
claims option change

Single or Family

\_\_\_\_\_

current

Single or Family

\_\_\_\_\_

change to

Employee Name

\_\_\_\_\_

current

Employee Name

\_\_\_\_\_

change to

Street Address

\_\_\_\_\_

change to

City and Province

\_\_\_\_\_

change to

Postal Code

\_\_\_\_\_

change to

email address

\_\_\_\_\_

change to

Claims Options

claims payment by **Cheque**

claims payment by **Direct Deposit**

email address

\_\_\_\_\_

**note:**

required for Direct Deposit through VersaPay

Employee

\_\_\_\_\_

company name of the employer

\_\_\_\_\_

name of the employee

\_\_\_\_\_

current date

\_\_\_\_\_

signature of employee

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