



New Member      Current Member

<b>1. Identification (This section must be completed.)</b>				
Member's Last Name	First Name	Initials	Social Insurance Number — —	Former S.I.N., if applicable — —

Instructions: Complete only the following Sections where an update to information is required.

Please indicate if an OPTRUST1015 is:      Attached      To follow      Not Required

<b>2. Personal Information</b>				
Mr.	Mrs.	Miss	Marital Status	
Ms.	Other _____		Married	Common-law
			Separated	Divorced
			Widowed	Single
Member's Last Name	First Name	Initials	Former Last Name, if applicable	
YYYY	MM	DD	Home Address: No. and Street	
Date of Birth				Apt. No.
City/Town	Province	Postal Code	Home Telephone Number (    )	

<b>3. Employment Information</b>				
Name of Ministry, Agency, Board, Commission	YYYY	MM	DD	YYYY MM DD
	Start Date With Ministry/ABC		End Date With Ministry/ABC	
Type: Full-time	Part-time	YYYY	MM	DD
Seasonal	Unclassified	Start Date: _____		End Date: _____
				Job # _____
Classification: _____		Equivalent Full-time HRS.: _____		RPT% _____
				Bargaining Unit: _____

<b>4. Salary Information - Job # _____</b>				
YYYY	MM	DD	YYYY	MM DD
Regular Salary Start Date: _____		Salary Note Start Date: _____		
Salary Rate:\$ _____		Base: _____		Salary Note Rate:\$ _____
				Base: _____

<b>5. Leave of Absence/LTIP Information</b>				
YYYY	MM	DD	YYYY	MM DD
LOA Type: _____		LOA Start Date: _____		LOA End Date: _____
LTIP Salary Rate: \$ _____		Base: _____		
YYYY	MM	DD	YYYY	MM DD
LTIP Start Date: _____		LTIP End Date: _____		Disability Date: _____

Ministry/ABC Official's Signature	Date	(    ) _____	Business Telephone No.	For OPT Use Only Client No. _____
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