



CHANGE OF ADDRESS

Name: _____

Teacher's Certificate No. (if applicable): _____

Old Address:

Street: _____

City: _____ Prov: _____ PC: _____

Phone: _____

New Address:

Street: _____

City: _____ Prov: _____ PC: _____

Phone: _____

Email address: _____

Effective Date: _____

All changes will be forwarded to Saskatchewan Blue Cross, if applicable.

Mail, fax, or email your change of address request to:

Superannuated Teachers of Saskatchewan
2311 Arlington Avenue
Saskatoon SK S7J 2H8
Email: sts@sts.sk.ca
Fax: 306-242-2538