



Instructions

- Complete this form so your staff can begin receiving important communication to carry out your organization's pension administration duties.
- Submit your completed form to employer.services@pensionsbc.ca.
- If contact information needs updating, please complete and submit a new *Employer Contact List* form. This form is available under *Forms* on your plan's secure employer website.

ORGANIZATION LEGAL NAME	ORG ID
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DIRECTOR OF FINANCE CONTACT: High-level finance contact. Receives all mass email distributions (e.g., Employer Newsletter, Member News and Employer Bulletin)

LAST NAME	FIRST NAME	POSITION / TITLE
MAILING ADDRESS (include unit number, if applicable)		CITY
PROVINCE	POSTAL CODE	PHONE (include 10 digits)
EMAIL		

DIRECTOR OF HR CONTACT: High-level human resources contact. Receives all mass email distributions (e.g., Employer Newsletter, Member News and Employer Bulletin)

LAST NAME	FIRST NAME	POSITION / TITLE
MAILING ADDRESS (include unit number, if applicable)		CITY
PROVINCE	POSTAL CODE	PHONE (include 10 digits)
EMAIL		

PENSION ADJUSTMENT CONTACT: Receives pension adjustment statements in addition to all mass email distribution (e.g., Employer Newsletter, Member News and Employer Bulletin)

LAST NAME	FIRST NAME	POSITION / TITLE
MAILING ADDRESS (include unit number, if applicable)		CITY
PROVINCE	POSTAL CODE	PHONE (include 10 digits)
EMAIL		

MEMBER'S BENEFIT STATEMENT CONTACT: Receives *Member's Benefit Statement* but no email distributions

LAST NAME	FIRST NAME	POSITION / TITLE
MAILING ADDRESS (include unit number, if applicable)		CITY
PROVINCE	POSTAL CODE	PHONE (include 10 digits)
EMAIL		

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the BC Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.

EMPLOYER CONTACT LIST (continued)

ADDITIONAL EMAIL NOTIFICATION CONTACT (if applicable):

LAST NAME		FIRST NAME		POSITION / TITLE	
MAILING ADDRESS (include unit number, if applicable)				CITY	
PROVINCE	POSTAL CODE	PHONE (include 10 digits)	EMAIL		
COMPLETED BY					DATE COMPLETED YYYY-MM-DD

If you have any questions regarding this form, please contact us at:

Employer Operations

Pension Corporation
PO Box 9460
Victoria BC V8W 9V8

Victoria 250-356-9701
Toll-free in BC 1-855-356-9701
Fax 250-953-0410
Email employer.services@pensionsbc.ca

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