



# CITY OF BELLEVILLE PERSONNEL ACTION FORM

Please amend my personnel records as follows:

Please check:

**Bank Account**

Account No. \_\_\_\_\_

Bank \_\_\_\_\_

Address \_\_\_\_\_

It is understood that the City of Belleville is not responsible for any errors that may occur on the part of anyone else as a result of bank account number changes requested in this instance.

**Change of Name**

\_\_\_\_\_

**Change of Address**

\_\_\_\_\_

**Change of Telephone No.**

\_\_\_\_\_

**Change in Dependents**

\_\_\_\_\_

**Educational Improvements**

\_\_\_\_\_

**Benefits**

\_\_\_\_\_

- Semi Private
- Extended Health
- Dental
- Life Insurance & AD & D
- Dependent Life Insurance
- Optional Life Insurance
- OMERS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_