



## SALARY CHANGE REQUEST

Disability (and some Life) benefits are based upon an employee's earnings. Notifying our office of salary changes ensures your employees receive the maximum benefits available based on their current salaries. When you have salary changes, please complete this form and send it to the address listed below.

Firm Name \_\_\_\_\_ Firm # \_\_\_\_\_

### SALARY CHANGES

Certificate #	Employee Name	New Monthly Salary	Effective Date* YY/MM/DD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*\* All salary changes take effect the 1st of the month following approval by the insuring company. In some situations individuals may have to be underwritten to receive the benefits for which they have applied.*

I certify that the above information is true and complete. I acknowledge that the underwriter must approve all increases in benefits, prior to coverage taking effect.

\_\_\_\_\_

Authorized Official's Signature

\_\_\_\_\_

YY/MM/DD

\_\_\_\_\_

(Please print your name and title)

**CHAMBERS OF COMMERCE GROUP INSURANCE PLAN**  
**582 King Edward Street, Winnipeg, Manitoba R3H 0P1**

**TOLL FREE PHONE 1 800 665.3365**  
**TOLL FREE FAX 1 800 457.8410**

Desjardins Financial Security, ACE INA Insurance and Western Life Assurance Company are the primary insurers for the Plan.