Chambers Plan
Employee Benefits

JG91-CH

# 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**
**1051 King Edward Street, Winnipeg, MB R3H 0R4**

**TOLL FREE PHONE 1 800 665.3365**
**TOLL FREE FAX 1 800 457.8410**
**chambers@johnstongroup.ca**

Desjardins Financial Security, Chubb Life Insurance Company of Canada, and The Wawanesa Life Insurance Company are the primary insurers for the Plan.