



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 Salary	A-Annually M-Monthly H-Hourly B-Biweekly	Hours worked per week	Effective Date* YY/MM/DD
* All salary changes take effect receive the benefits for which	the 1st of the month following approval by th they have applied.	e insuring company. In so	ne situations indiv	duals may have	to be underwritten to
	ut the number of hours per week is not, it wi	ll be assumed 40 hours.			
I certify that the above informat	tion is true and complete. I acknowledge that	the underwriter must app	prove all increases i	n benefits, prior	to coverage taking effect
	Authorized Official's Signature			YY/MM/DD	

CHAMBERS OF COMMERCE GROUP INSURANCE PLAN 1051 King Edward Street, Winnipeg, MB R3H OR4

(Please print your name and title)

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

Desjardins Financial Security and Sutton Special Risk/Lloyd's are the primary insurers for the Plan.