Chambers Plan
Employee Benefits

J G 9 1 - C H

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 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.*

If the hourly wage is provided but the number of hours per week is not, it will be assumed 40 hours.

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 Sutton Special Risk/Lloyd's are the primary insurers for the Plan.