SALARY CHANGE FORM

CLIENT NAME:	
ACCOUNT CODE:	
FORM COMPLETED BY:	
DATE COMPLETED:	
NUMBER OF PAGES:	

Submit this change form to record any salary changes. Changes must be received by the 15th of the month to be reflected on the next month's premium statement. Please submit to:

BY MAIL
895 Don Mills Road, 4th Floor
One Morneau Sobeco Centre
Toronto, ON M3C 1W3

BY FAX
1-877-464-0109

TRANS	SIN or PLAN MEMBER ID	MEMBER'S NAME LAST, FIRST INIT.	DIVISION NUMBER	CLASS	EFFECTIVE DATE OF CHANGE DY	MO	YEAR	SALARY Current Annual Salary	New Annual Salary
Examples of transactions (S = Salary Change)									
S	467 993 989	SMITH, WILLIAM J.	0001	A	05	12	2003	$33, 200	$34, 800
1									
2									
3									
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14									