

SALARY CHANGE FORM

Submit this change form to record any salary changes. Changes must be received by the 12th of the month to be reflected on the next month's premium statement. For best results, please send:

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



BY EMAIL

Email your change(s) to your Morneau Shepell Representative



BY FAX

Fax your change(s) to 1-877-464-0109

TRANSACTIONS	SIN or PLAN MEMBER ID	MEMBER'S NAME LAST, FIRST INIT.			DIVISION NUMBER	CLASS	EFFECTIVE DATE OF CHANGE			SALARY	
										Current Annual Salary	New Annual Salary
							DY	MO	YEAR		

Example of transaction (S = Salary Change)

S	467	993	989	SMITH, WILLIAM J.	0001	A	05	12	2003	\$33,200	\$34,800
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