

Group Benefits Salary Change Request

Section A - Plan Sponsor Information

Company Name	Firm Number
Plan Administrator/Authorized Signature	Date Signed (dd/mm/yyyy)

Section B - Plan Member Information

	Employee Name	Salary Effective Date (dd/mm/yyyy)	New Annual Salary
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Section C – Important Reminders

- All changes are subject to the terms of the group contract and any applicable legislation.
- Disability insurance is based on declared monthly income. Confirmation of income, deemed satisfactory by the insurer, will be required at the time of claim. This usually consists of the last two T1 General Income Tax returns.
- Refunds will not be issued for any discrepancies.
- All eligible employees must be enrolled on the plan. To confirm employee eligibility, or to enroll eligible employees, please contact Kechnie Benefits.

For Kechnie Office Use Only:

Date Received: _____ Date Processed: _____ Adjudicator Initials: _____