Sirius Benefit Plans

SALARY CHANGE REQUEST

.

Group #:	Firm #:	Firm Name:

Certificate#	Member Name	New Monthly Salary	Date of Change
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY

Plan Administrator Signature	Date Signed DD / MM / YYYY

All changes are subject to the terms of the Group Contract(s) and any applicable legislation.

Reminder: 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

3227 Roblin Blvd Winnipeg MB R3R 0C2
Fax 1-204-488-6008