

SALARY CHANGE REQUEST

Group #:	Firm #:	Firm Name:
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Certificate #	Member Name	New <u>Monthly</u> Salary	Date of Change

Plan Administrator Signature	Date Signed
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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. Premium refunds will not be issued for any discrepancies.