



EMPLOYEE BENEFIT PROGRAM SALARY CHANGE REPORTING FORM

PROCESSING INSTRUCTIONS:

Use this form to report changes in earnings for your employees. Changes will be made on the next available billing.
Please fax this form to **The MEARIE Group** at **905.265.5302**

GENERAL INFORMATION

EMPLOYER NAME	DIVISION NUMBER
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Please indicate earnings frequency: **Hourly*** **Weekly** **Monthly** **Annual** **Other-please specify**

*If you are reporting hourly earnings, please confirm the usual number of hours per week the employee works

EMPLOYEE NAME <small>LAST NAME/FIRST NAME</small>	ID NUMBER	EFFECTIVE DATE <small>YEAR/MONTH/DAY</small>	EARNINGS	FREQUENCY	# of HOURS PER WEEK

EMPLOYER AUTHORIZATION

<p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature)</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">(Date)</p>
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At The MEARIE Group, we recognize and respect every individual's right to privacy. We use the personal information provided to determine your eligibility for coverage and administer the group benefit plan.