



## **SALARY CHANGE REQUEST**

irm Name		Firm #	
ALARY CHANGES			
Certificate #	Employee Name	New Monthly Salary	Effective Date* YY/MM/DD
	be 1st of the month following approval by the inst nefits for which they have applied.	uring company. In some situations indivi	duals may have to be

CHAMBERS OF COMMERCE GROUP INSURANCE PLAN 582 King Edward Street, Winnipeg, Manitoba R3H 0P1

Authorized Official's Signature

(Please print your name and title)

TOLL FREE PHONE 1 800 665.3365 TOLL FREE FAX 1 800 457.8410

Desjardins Financial Security, ACE INA Insurance and Western Life Assurance Company are the primary insurers for the Plan.

YY/MM/DD