



## Change in Salary or Benefit Class Form

This form is to be used to update employee salary or Group Life and/or Disability benefit class. Please print.

Group policy name:				Group policy number:		
The date of change MUST be the 1st of the month. All annual salaries must be listed in KYD or USD equivalent.						
1) The date of change	MUST be the 1* of the month. All annual salaries must be	e listed in KYD or OSD 6	equivalent.			
Life and Disability certificate number	Employee name (first/middle/last)	Effective date of change (dd-mmm-yyyy)	Current Life and Disability class		New Life and Disability class	New annual salary  KYD USD
Declaration						
	n and signature (authorised signatory):					
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purposes described in	n Island Heritage's Privacy Policy ( <u>www.islandherita</u>	ageinsurance.com/p	orivacy).	oyees per	rsonar data to islan	a nemage for the
Signatory name:						
Sign:				Date (dd-mmm-yyyy):		
For Island Heritage official use only						
Date processed:/ Admin: Comments:						

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