



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:		
(i) The date of change MUST be the 1st of the month. All annual salaries must be listed in USD.							
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	
Declaration							
Employer declaration and signature (authorised signatory):							
I confirm that I have all necessary consents and notices in place to enable the lawful transfer of employees' personal data to Island Heritage for the purposes described in Island Heritage's Privacy Policy (www.islandheritageinsurance.com/privacy).							
Signatory name:							
Sign:				Date (dd-mmm-yyyy):			
For Island Heritage official use only Date processed:/ Admin: Comments:							

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