

Group Benefits Employment and/or Salary Change

Plan contract number

Mail completed and signed forms to:
 Plan Member Administration
 Manulife Financial
 PO BOX 2026, HALIFAX NS B3J 2Z1

Division number	Plan member certificate number	Plan member last name	First name	Date of change (dd/mmm/yyyy)	Reason code*	Return date (dd/mmm/yyyy)	New salary amount	**Salary frequency	New occupation	New class	New account	New billing division	New province of residence

*Please use reason code as shown. Not required for salary, occupation, class, account, billing division or province changes.

**Please fill in the total new salary amount and frequency as follows:

Code	Definition
T	Termination
R	Retired or Pensioned
LA	Layoff/Complete Termination of Benefits
LB	Temporary layoff of less than or equal to 120 days with continuation of all benefits. Ensure 'Return date' is specified.
LC	Temporary layoff of less than or equal to 120 days with termination of Disability benefits. Ensure 'Return date' is specified.
LD	Indefinite layoff greater than 120 days with termination of Disability benefits but with continuation of other benefits up to 120 days.
RE	Reinstatement may only be selected if it is within the reinstatement period outlined in your contract, and if benefits are the same as at layoff/termination. If reinstated outside of reinstatement period, and/or benefits are different, completion of Enrolment/Re-enrolment form is required.

Code	Definition
A	Annual
M	Monthly
S	Semi-monthly
B	Bi-weekly
W	Weekly

I certify that the information in this form, and any further verbal or written statement provided by me in the future, is true and complete to the best of my knowledge. The information in this statement will be kept in a group life, health, or disability benefits file with Manulife Financial and might be accessible by the plan member or third parties to whom access has been granted or those authorized by law. By providing the information I consent to such unedited release of any information contained herein.

Plan administrator name	Plan administrator telephone number ()
Signature of plan administrator	Date signed (dd/mmm/yyyy)

This form is available on Manulife Financial's 'Plan Administrator Secure Site'. Go to www.manulife.ca/groupbenefits to register for site access and more information.