Employee Salary Changes

Group Policy Services

Date_____

Employer's Company Name _____

Address_____

Bill/Sub-Group Name _____ Location Code _____

Group I.D. _____ Bill/Sub-Group I.D. _____

Please submit Employee Salary Changes at least ten days prior to the date your billing statement is produced to assure that the changes will be reflected on the next billing statement. These changes may also be made through access to Web enrollment. If you should have any questions regarding Web enrollment, please contact Group Policy Services at the toll-free customer service number located on the front of your billing statement.

Soc. Sec./I.D. No.	Employee's Name	Effective Date	Salary Amount	Rate of Pay (e.g., Annual, Monthly, Weekly, Bi-Weekly, Hourly)	Hours Worked Per Week*

*Hours Worked Per Week is required if Rate of Pay is hourly.

Prepared By _____

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