

Group Benefits Employment and/or Salary Change Form

Plan number

Mail completed and signed forms to:
 Manulife Financial
 Group Benefits, Plan Member Administration
 PO Box 1627, Waterloo On N2J 4P4

Account number	Certificate number	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-annual
B	Bi-weekly
W	Weekly

Signature of Plan Administrator	Date signed (dd/mmm/yyyy)
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This form is available on Manulife's 'Plan Administrator Secure Site'. Go to www.manulife.ca/groupbenefits to register for site access and more information.