

# Employee Salary Update



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Company Name

Policy Number

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Company Contact Person (First and Last Name)

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Company Contact Person Email

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Employee (First Name, Middle Initial and Last Name)

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Job Title

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Date of Birth

Date of Hire

Male

Female

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Employee Address, City and State

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Employee Phone Number

Coverage Enrolled In (select all that apply):

Basic Life and AD&D

Voluntary Life

Short Term Disability

Voluntary Short Term Disability

Long Term Disability

Voluntary Long Term Disability



\$

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Weekly Earnings Amount

\$

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Monthly Earnings Amount

\$

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Annual Earnings Amount

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Signature of Company Contact Person

Date

Submit online at [sbam.org/freshdesk](http://sbam.org/freshdesk) or email to [membercare@sbam.org](mailto:membercare@sbam.org).