

## Updated Salary & Contact Information

Employer Name

Policy Number

*Employee Name*

First Name

Last Name

*Gender*

Male

Female

Date of Birth

Date of Hire

Social Security Number

*Salary Earnings Amount*

Weekly \$

Monthly \$

Annual \$

Job Title

Effective Date of Salary Earnings

Home Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

*Coverage*

Term Life/AD&D

Short Term Disability

Long Term Disability

Voluntary Coverage

Signature

Date