Employee Salary Update

Company Name

Policy Number

Company Contact Person (First and Last Name)

Company Contact Person Email

Employee (First Name, Middle Initial and Last Name)

Job Title

Date of Birth

Effective Date of Salary

- [ ] Male
- [ ] Female

Employee Address, City and State

Employee Phone Number

Coverage Enrolled In (select all that apply):

- [ ] Basic Life and AD&D
- [ ] Short Term Disability
- [ ] Long Term Disability
- [ ] Voluntary Life
- [ ] Voluntary Short Term Disability
- [ ] Voluntary Long Term Disability

$ Weekly Earnings Amount

$ Monthly Earnings Amount

$ Annual Earnings Amount

Signature of Company Contact Person

Date

Submit online at www.sbam.org/membercare