



## Change in Salary or Benefit Class Form

*This form is to be used to update employee salary or group Life and/or Disability benefit class.*

Group policy name:  Group policy number:

Life and Disability certificate number	Employee name (First/Middle/Last)	Effective date of change (dd-mmm-yyyy)	Current Life and Disability class	New Life and Disability class	New annual salary

**i** The date of change MUST be the 1<sup>st</sup> of the month. All annual salaries must be listed in BMD or USD equivalent.

### Declaration

#### Employer declaration and signature

I confirm that I have had the opportunity to review BF&M's privacy notice ([www.bfm.bm/privacy](http://www.bfm.bm/privacy)) and have obtained the necessary consent (if required) from our employees to the processing of their personal information for the purposes described within the privacy notice.

Name:  Sign: \_\_\_\_\_ Date (dd-mmm-yyyy):

**For BF&M official use only**

Date processed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Admin: \_\_\_\_\_ Comments: \_\_\_\_\_