

Change in Salary or Benefit Class Form



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This form is to be used to update employee salary or Group Life and/or Disability benefit class. Please print.

Group policy name:	Group policy number:					
(i) The date of change MUST be the 1st of the month. All annual salaries must be listed in BMD or USD equivalent.						
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	
Declaration						
Employer declaration and signature I confirm that I have all necessary consents and notices in place to enable the lawful transfer of employees' personal data to BF&M for the purposes described in BF&M's Privacy Policy (www.bfm.bm/privacy).						
Name (first/middle/last)	:					
Sign:			Date (dd-n	Date (dd-mmm-yyyy):		
For BF&M official use only						
Date processed:/ Admin: Comments:						

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