Health Risk Services Inc.

Providing Your Innovative Benefits Solutions

Employer Change Form
Salary/Class

Send to:
Email: claims@healthrisk.ca
Fax: (403) 236-9420
Mail: 50, 12221 - 44th Street SE
Calgary AB T2Z 4H3

Plan Administrator: Please complete and sign section 1. Complete Section 2 and return to Health Risk Services.

1. GROUP INFORMATION

Company Name:		**Group Number:**
Plan Administrator Name:	**Signature:**	**Date Signed:**

2. EMPLOYEE SALARY AND / OR CLASS CHANGE

Client ID	Last Name	First Name	New Salary	New Class	Effective Date

Clear Form