Health Risk Services Inc.

EMPLOYER CHANGE FORM

Salary/Class updates

Submit to: info@healthrisk.ca | Fax: (403) 236-9420

Use this form or attach a salary spreadsheet. Dates: YYYY-MM-DD.

1. GROUP INFORMATION & SALARY / CLASS UPDATES

Company name

Group number

Submitted by / email

Default effective date (unless overridden below)

You may submit an Excel spreadsheet for mass salary adjustments instead of completing the table.

Include group number, client / certificate ID, employee name, new salary, pay basis and effective date.

For hourly earnings, include hours per week. Enter the new class, if applicable.

Client / certificate ID	Employee name Last, First	New salary ($)	Pay basis*	Hours / wk if hourly	Class	Effective date YYYY-MM-DD

* Pay basis: annual, monthly, semi-monthly, biweekly, weekly or hourly.

Use the plan-defined earnings amount. Do not include SINs, banking details or medical information.

2. EMPLOYER AUTHORIZATION - SALARY LIST / EXCEL SUBMISSION

I confirm the salary updates listed above or in the attached spreadsheet are accurate and authorized.

Authorized name / title

Signature (sign after printing or electronically)

Date signed