

MUNICIPALITY: \_\_\_\_\_

## Life-Health-Pension SALARY REPORT FORM – CONTRACT #100793

PLEASE USE THIS FORM TO REPORT CHANGES IN PLAN MEMBER SALARIES (Available under forms at <a href="www.triobenefits.ca">www.triobenefits.ca</a>). The completed form should be sent to Mary Galway, by fax at 1-888-584-6789 or by email at <a href="mgalway@triobenefits.ca">mgalway@triobenefits.ca</a>).

EMPLOYEE NAME	Status (Full-time, Part time, Seasonal) (If part time or Seasonal provide hours/week and weeks worked /year).	New Annual Salary	Salary Effective Date	Trio Office Use
Information Provided by:		Date:		