CINUP

NOTICE OF CHANGE: SALARY/OCCUPATION/HOURS

JG91-CU

Employer Name _____

Certificate #	Employee Name	New Salary	A-Annually B-Bi-weekly M-Monthly H-Hourly	Occupation	Hours Worked Per Week	Effective Date of Change (YYYY/MM/DD)

Authorization and Consent

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by JG Benefits Inc. and the insurance carriers of my group insurance policy may be collected, used, or disclosed to administer the terms of the group policy of which I am an eligible member, to develop and recommend suitable products and service to me and my employer, and to manage the organization's business.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These include the insurance carriers of my group insurance policy, licensed physicians and/or any other health care professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in the group policy of which I am an eligible member.

I understand that the personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be declined or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding JG Benefits Inc.'s group benefits privacy policy I can refer to the Privacy & Terms of Use section of jgbenefits.ca should I have questions as to the collection, use or disclosure of my personal information.

I certify that all information contained herein is correct.

Authorized Employer Signature _____ **Date** _____

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