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 certify the above information is true and complete. I acknowledge the underwriter must approve all increases in benefits, prior to coverage taking effect.

Authorized Employer Signature _____ **Date** _____

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