

REQUEST FOR CHANGE WORKER BENEFIT PLANS



LUTHERAN CHURCH-CANADA
WORKER BENEFIT PLANS
3074 Portage Avenue
Winnipeg, MB R3K 0Y2

***Important: You must notify the Worker Benefit Plans office within 31 days of any changes (ie. terminations, worker status changes, salary changes, addition of dependents, etc.). Retroactive Adjustments can not be made for more than 31 days.**

1. MEMBER INFORMATION

If address change only, please check _____ Member Certificate Number _____

REV. MRS. DR.
 MR. MISS MS

MEMBER'S NAME Last First Initial Previous Name if Applicable

MEMBER'S ADDRESS Number Street City Province Postal Code

_____ Email Phone number

EMPLOYER NAME & ADDRESS _____

2. MARITAL CHANGES & SPOUSE INFORMATION

Check Marital Status: Married Widowed Divorced Legally Separated _____
*Effective Date

If married, complete the following: Spouse's Name _____
First Initial Last Previous Last Name

Spouse's date of birth: (mm/dd/yy) _____

3. CHANGE IN SALARY

If an employee's salary increases or decreases, benefits and premiums will be affected. Prompt reporting of salary changes is, therefore, advised.

Basic Annual Salary	Home Provided (30%)	Cash Housing Allowance Paid	Cash Utility Allowance Paid	Total Annual Compensation	Hours per week
\$	\$	\$	\$	\$	

*Effective Date: _____ *

