

**NOTICE OF CHANGE: SALARY/OCCUPATION/HOURS**  
 CINUP Group Insurance & Pension Plan



Employer Name: ABC COMPANY

Group Insurance       Pension Plan

Please indicate the applicable change only

Group Insurance Cert No.	Pension Plan Cert No.	Employee Name	New Salary	Y - Yearly B - Biweekly M - Monthly H - Hourly	Occupation	Hours worked <input type="checkbox"/> biweekly <input checked="" type="checkbox"/> biweekly	Effective Date of Change (mm/dd/yr)
6789	12345	SUSAN JONES	30,000	Y	RECEPTIONIST	80	01/01/05

I certify that all information contained herein is correct.

Employer Signature: K. White      Date: JULY 1, 2005

\*Salary changes cannot be made retroactively

OFFICE USE ONLY     Group Insurance     Pension Plan - Policy No. \_\_\_\_\_

## **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 MGI Financial 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 services 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 my 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that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be declined or rescinded.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 or consenting or refusing to consent to its disclosure. For additional information regarding MGI Financial Inc.'s Group Benefits privacy policy I can contact MGI Financial at 204-786-0324 or [privacy@mgiwealth.com](mailto:privacy@mgiwealth.com) should I have questions as to the collection, use or disclosure of my personal information.