Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330-9486
(207) 621-2645
www.mmeht.org

NOTIFICATION OF SALARY CHANGE

Month of _____

All salary changes **must** be reported to the Health Trust to update coverages for Life Insurance and/or Income Protection. All changes will be effective with the next month's billing following **receipt** of notification.

Please list below all employees who have had salary changes:

EMPLOYEE ID#	EMPLOYEE NAME	ANNUAL SALARY	EFFECTIVE DATE	IS EMPLOYEE ACTIVELY WORKING AS OF EFFECTIVE DATE?*

Health Trust Employer: _____

Office/Title: _____ Date: _____

* Benefits for any employee not actively at work on the effective date will be effective the first of the month following return to work.