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

**NOTIFICATION OF SALARY CHANGE**

**Month of:** _____
**(month/dd/yyyy)**

All salary changes **must** be reported to the Health Trust immediately upon approval by the employer, to update coverage for Life Insurance and/or Income Protection. All changes will be effective the 1st of the month of the next billing cycle, following receipt of notification by the Health Trust. This form may be faxed to the Health Trust at 207-624-0166 or emailed to htbilling@memun.org.

**Please list below all employees who have had salary changes:**

| Employee ID No. | Employee Name | Annual Salary | Employer's Effective Date (m/d/yyyy) | Is Employee Actively Working as of Date Health Trust Notified?* |
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Health Trust Employer: _____

Signature/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.