

## Change of Address or Salary

Please complete this form when employees have either a new salary or a new address. Please fill in only that information which has changed. ***This form is not to be used for name changes or beneficiary changes.***

Location Name:	Location ID No.:
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Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:

Signature of Employer:	Date:
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**Christian Brothers Employee Benefit Services**

1205 Windham Parkway, Romeoville, IL 60446-1679

Location Name:	Location ID No.:
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Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:
Name of Employee:	Soc. Sec. No.:
New Address:	
New Annual Salary:	Effective Date:

Signature of Employer:	Date:
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