



# REPORT OF SALARY CHANGES

DISTRICT NAME

ACCOUNT #

DATE OF THIS REPORT

EMPLOYEE NAME <i>Please print</i>	SOCIAL SECURITY NO.	ANNUAL CONTRACT SALARY	EFFECTIVE DATE	Type of Insurance(s) affected. Check all that apply.		
				LIFE	LTD	SHORT TERM DISABILITY

Reporters may submit computer-generated listings of salary changes **attached to this form**. Please fill in the NAME OF SCHOOL DISTRICT, ACCOUNT NUMBER AND DATE OF THIS REPORT fields, and sign this form when submitting computer-generated listing.

### FORM SUBMISSION OPTIONS

**UPLOAD TO:**

[www.setseg.org](http://www.setseg.org)  
 Log in and choose "Upload Employee Enrollment Forms"  
 from the Employee Benefit Services menu

**EMAIL TO:**

[enrollment@setseg.org](mailto:enrollment@setseg.org)

### REPORTED BY

PRINT NAME

SIGNATURE

*Signed form must be received within 30 days of requested effective date.*