



# 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

**MAIL TO:**  
 SET SEG, Attn: CLAIMS & ENROLLMENT  
 415 W. Kalamazoo Street, Lansing, MI 48933-2079

**EMAIL TO:**  
[enrollment@setseg.org](mailto:enrollment@setseg.org)

**FAX TO:**  
 (517) 492-0872

### REPORTED BY

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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