Salary Update Form
(Life Insurance)

North Carolina Medical Society
Employee Benefit Plan

Please complete this form if your practice offers Term Life/AD&D coverage as a multiple of employee's salary. Salary must be updated annually at renewal. Attach additional sheets as necessary. Spreadsheet with required information may be provided as an alternative.

Employee Name (First, M.I., Last)	Social Security #	Salary[1] □Weekly □Monthly □Annual
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

Employer Name:_____

Authorized Signature:_____ Date:_____

[1]Salary information will be used to calculate coverage amount.

NCMS Plan Group Term Life and AD&D products are underwritten by USAble Life Insurance Company.