California Society of Certified Public Accountants

Group Life and Long-Term Disability Form

Salary Update Form

Firm Name _____

Location Number _____ Phone Number _____

Insured Name	Social Security No.	Date of Change	Annual Salary	Plan *check appropriate plan(s)*	
				Group Life	Long Term Disability

If you have any questions, please contact the Plan Administrator, Seabury & Smith at 1-800-824-1154

Please fax the completed form to Seabury & Smith at 1-800-682-8787