

December 31, 2018

To: Benefit Administrators / Human Resource Personnel

From: Jade Lea-Wilson
Claims Services Manager, Employee Benefits

Re: New Employer's Initial Application Disability Income Plan Form for Employees
with Multiple Positions

To make it faster for employers to submit an application for disability when they have employees who hold more than one position, we have created a new Employer's Initial Application Form that has room to enter multiple positions on one form. Employers no longer need to fill out a separate Initial Application for Disability Form for each position. We have also removed information from the form that we did not require the employer to send, including union affiliation, plan enrollment details, employee contact information and group life volume.

We have created the form in a fillable format so that employers can fill it out electronically and attach by email. The form is on our website at www.3shealth.ca and is found by searching *employer initial application* in the search bar.

The Disability Income Plans Application Booklet will be updated with the new Employer's Initial Application Form the next time it goes to print. We will continue to accept previous versions of the form.

For questions relating to this bulletin, please feel free to contact a 3sHealth Benefit Services Officer by email at ebp@3sHealth.ca or by telephone at 1-866-278- 2301.

Employer's Initial Application Disability Income Plan Benefits

PART 1 – EMPLOYEE INFORMATION

Employee's Name _____	BID# _____	Date of Birth _____	(dd/mm/yy)
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PART 2 – CLAIM INFORMATION

Work-related illness/injury No Yes, date Workers' Compensation Board application submitted _____ (dd / mm / yy)

Pregnancy-related illness No Yes, maternity leave commences _____ (dd / mm / yy)

Please check benefits the employee is claiming for at this time

3sHealth Disability Income Plan Benefits
 3sHealth Group Life Waiver (for employers not insured by 3sHealth LTD disability)

Employee is a member of which pension plan: SHEPP PEPP PSSP CIVIC Contribution % _____

PART 3 – PAYROLL INFORMATION

Position #1 Title : _____ Full-time Part-time Casual

Date employee last worked _____ (dd / mm / yy) Sick leave accumulated at date of disability _____ Days Hours

Date sick leave expired/will expire _____ (dd / mm / yy) Date employee has been/will be paid to _____ (dd / mm / yy)

Please check scheduled days in week of final payment Sun Mon Tues Wed Thurs Fri Sat

Has employee returned to work? No Yes, date of return to work _____ (dd / mm / yy)

Please check scheduled days in week of return to work Sun Mon Tues Wed Thurs Fri Sat

Number of hours in regular work week _____ Average number of hours in regular workday _____

Provide the total of regular paid hours in the 52 week period immediately preceding the employee's last day of work _____

See document #50-003-20 of 3sHealth's Employee Benefits Policy and Reference Manual for definition of insurable earnings (regular paid hours)

List all periods of approved unpaid leave of absence or suspension greater than 31 days in the 52 week period immediately preceding the employee's last day of work

Position #2 Title : _____ Full-time Part-time Casual

Date employee last worked _____ (dd / mm / yy) Sick leave accumulated at date of disability _____ Days Hours

Date sick leave expired/will expire _____ (dd / mm / yy) Date employee has been/will be paid to _____ (dd / mm / yy)

Please ccheck scheduled days in week of final payment Sun Mon Tues Wed Thurs Fri Sat

Has employee returned to work? No Yes, date of return to work _____ (dd / mm / yy)

Please check scheduled days in week of return to work Sun Mon Tues Wed Thurs Fri Sat

Number of hours in regular work week _____ Average number of hours in regular workday _____

Provide the total of regular paid hours in the 52 week period immediately preceding the employee's last day of work _____

List all periods of approved unpaid leave of absence or suspension greater than 31 days in the 52 week period immediately preceding the employee's last day of work

Employee's Name _____

Position #3 Title: _____

Full-time Part-time Casual

Date employee last worked _____ (dd / mm / yy)

Sick leave accumulated at date of disability _____ Days Hours

Date sick leave expired/will expire _____ (dd / mm / yy)

Date employee has been/will be paid to _____ (dd / mm / yy)

Please check scheduled days in week of final payment Sun

Mon Tues Wed Thurs Fri Sat

Has employee returned to work? No

Yes, date of return to work _____ (dd / mm / yy)

Please check scheduled days in week of return to work Sun

Mon Tues Wed Thurs Fri Sat

Number of hours in regular work week _____

Average number of hours in regular workday _____

Provide the total of regular paid hours in the 52 week period immediately preceding the employee's last day of work _____

List all periods of approved unpaid leave of absence or suspension greater than 31 days in the 52 week period immediately preceding the employee's last day of work _____

PART 4 – OCCUPATIONAL INFORMATION

Can the employer provide modified duties to accommodate the employee's limitations? Yes, please explain No, please explain:

Prior to date last worked, were there any accommodations in place for the employee? Yes, please explain No, please explain:

Comments: please provide any comments which would assist in the adjudication of the employee's eligibility for benefits:

PART 6 – EMPLOYER INFORMATION

Employer _____

Organization Number _____

Payroll/Benefits Contacts:

Name: _____

Phone #: _____

Email: _____

If not in the global address listing

If known, please provide the name of the attendance or return to work contact:

Name: _____

Phone #: _____

Email: _____

If not in the global address listing

Signature _____

Date _____ (dd/mm/yy)

3sHealth Employee Benefits is committed to protecting the privacy of your personal information. We collect and use your personal information to determine your eligibility for coverage and to administer the benefit plans. We limit access to your personal information to 3sHealth Employee Benefits staff, to any third party authorized by 3sHealth who requires it to administer your benefits, to persons to whom you have granted access, and to persons authorized by law.