

Group Life Waiver

Basic Information Form for non-3sHealth LTD Plans

EMPLOYEE INFORMATION

First Name:	Last Name:	Date of Birth:	Benefit ID#
Address:		City:	Province: Postal Code:

Position #1 Title:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual
Date employee last worked:	mm /dd /yyyy	Date employee last paid:	mm /dd / yyyy
Rate of Pay:	Total number of regular paid hours in the 52 week period prior to the last day worked:		

Position #2 Title:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual
Date employee last worked:	mm /dd /yyyy	Date employee last paid:	mm /dd / yyyy
Rate of Pay:	Total number of regular paid hours in the 52 week period prior to the last day worked:		

Position #3 Title:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual
Date employee last worked:	mm /dd /yyyy	Date employee last paid:	mm /dd / yyyy
Rate of Pay:	Total number of regular paid hours in the 52 week period prior to the last day worked:		

Check the life insurance coverage the employee is enrolled: <input type="checkbox"/> Basic Life <input type="checkbox"/> Option Life <input type="checkbox"/> Optional AD&D			
Employee is a member of which pension plan: <input type="checkbox"/> SHEPP <input type="checkbox"/> PEPP <input type="checkbox"/> PSSP <input type="checkbox"/> CIVIC			

EMPLOYER INFORMATION

Employer:	Employer #:
Contact Name:	

Authorized Signature:	Date Signed: mm/dd/yyyy
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- Please send this form and a copy of the non-3sHealth LTD approval letter to ebp@3sHealth.ca
 - Group Life Waiver approvals will be completed in 7 business days
 - 3sHealth will send a confirmation of benefits letter to the employee, employer and the applicable union
- Employers must notify 3sHealth immediately if the employee returns to work or their non-3sHealth LTD claim closes

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.