Health Shared Services Saskatchewan - 3sHealth
Employee Benefits 700-2002 Victoria Ave
Regina, SK S4P 0R7
T. 306-347-5519 F. 306-347-5910
Toll Free: 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)

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.