



Payroll Data Form Disability Income Plan Benefits

CLAIMANT INFORMATION

Surname _____

First name _____

Address _____

Date of Birth ____ / ____ / ____ (dd / mm / yy)

Your 3sHealth Disability Income Plan benefit is payable on the last banking Friday of the month for monthly benefits (after the 120th day of disability). Weekly benefits (payable under the CUPE and SEIU plans during the first 119 days of disability following expiry of sick leave payments) will be payable on the Friday of the week in which the payment is due. Please complete the following section to identify the bank account you wish your disability benefit deposited to. Please attach a void personal cheque or an encoded deposit slip for that account.

BANK INFORMATION

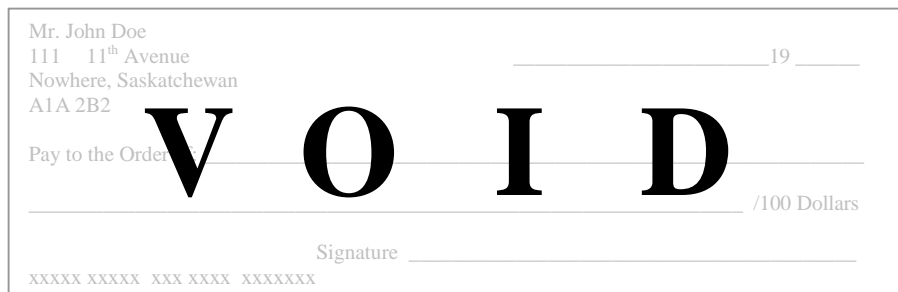
Name of bank _____

Street address _____

City/town _____ Province _____

Postal code _____ Telephone Number _____

PLEASE ATTACH A PERSONAL CHEQUE MARKED "VOID" OR AN ENCODED DEPOSIT SLIP



Claimant's signature _____

Date ____ / ____ / ____ (dd / mm / yy)

FOR OFFICE USE ONLY

Institution ID number:

-

branch number

transit number

Payee account number:

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.