

APPLICATION FOR CUSTOMER STATUS

Please complete this form and submit it to:

3sHealth Stakeholder Relations
 700-2002 Victoria Avenue
 Regina, SK S4P 0R7

ORGANIZATION NAME:	
ORGANIZATION ADDRESS:	
ORGANIZATION POSTAL CODE:	
WEBSITE:	
CONTACT NAME:	
CONTACT PHONE:	
CONTACT EMAIL:	
DESCRIPTION OF ORGANIZATION: (Purpose of organization, governance structure, for-profit/non-profit, services provided and to whom, number of employees, number of operating locations, etc.)	
REASON FOR REQUESTING CUSTOMER STATUS WITH 3sHealth: Specify services that you wish to access: <input type="checkbox"/> Payroll services <input type="checkbox"/> Benefits administration <input type="checkbox"/> Contracting <input type="checkbox"/> All Services	

Internal use ONLY: Please forward to appropriate department(s)