

## 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**

Mr. John Doe 111 11 <sup>th</sup> Avenue Nowhere, Saskatchewan A1A 2B2	_____ 19 ____
Pay to the Order of _____	<b>V O I D</b> _____
_____	_____/100 Dollars
Signature _____	_____
XXXXX XXXXX XXX XXXX XXXXXXXX	

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.