

Disability Income Plan – Integrated Earnings Report

TO BE COMPLETED BY EMPLOYER

EMPLOYER CONTACT INFORMATION

Employer #	Contact	Phone #
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PLAN MEMBER INFORMATION

First Name	Last Name	Date of Birth	dd/mm/yy	Benefit ID#
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EARNINGS INFORMATION

Pay period:	Total \$ amount paid for hours worked: (integrated earnings, shift differential)	Total \$ amount paid for other: (stat off, vacation, sick, other)

Total \$ amount paid as lump sum:

(vacation: Initial Subsequent)

(earned-time off: Initial Subsequent)

(stat: Initial Subsequent)

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ADDITIONAL COMMENTS

- Please provide any additional information about the reported earnings.

Email reports by 11 a.m. every Tuesday. For weeks with a Monday stat holiday, reports are due by 11 a.m. Wednesday.

Please send completed reports to: ebp@3shealth.ca