

3sHealth – Employee Benefits 600-1919 Saskatchewan Drive Regina, SK S4P 4H2 T. 306-347-5519 F. 306-347-5910

1. 306-347-5519 F. 306-347-5910 Toll Free: 1-866-278-2301

oll Free: 1-866-278-2301 Email: ebp@3sHealth.ca

Payroll Data Form Disability Income Plan Benefits

CLAIMANT INFORMATION						
Last Name:		First Name:		Date of Birth: (mm/dd/yyyy)		
Address:			City:		Province:	Postal Code:
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:		
Province:	Postal Code:		Phone Number:			
PLEASE ATTACH A PERSONAL CHEQUE MARKED "VOID" OR AN ENCODED DEPOSIT SLIP						
	Your Name Any Street, Anytown Tel: (000) 000-0000 PAY TO THE ORDER OF 100 DOLLARS Security features II Details on back. RE II 0001 III II 000002 II 0003 II 4567 II 890 II			Security features		
Claimant's Signature:			Date Signed:			mm/dd/yyyy
FOR OFFICE USE ONLY						
Institution ID number:	branch number		transit numl	per		
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 whom you have granted access, and to persons authorized by law.