

NPO Employer Changing Information Employee Benefits

EMPLOYER INFORMATION

| | | |
|------------------------|---|-------------------|
| Employer Name: | | |
| Benefits Contact Name: | Email Address: | Telephone Number: |
| Authorized Signature: | Date Signed: <small>mm/dd/yyyy</small> | |

EMPLOYEE INFORMATION

| | | |
|-------------|------------|---------------------------|
| First Name: | Last Name: | Benefit ID/ Person ID: |
|-------------|------------|---------------------------|

Check the box beside the type of changes you are making:

- | | |
|--|---|
| <input type="checkbox"/> Terminate an employee | <input type="checkbox"/> Change employment type and employee type |
| <input type="checkbox"/> Change employee's hire date | <input type="checkbox"/> New employer contact |

TERMINATE AN EMPLOYEE

| | |
|--|---------|
| Termination Date: <small>mm/dd/yyyy</small> | Reason: |
|--|---------|

CHANGE EMPLOYEE'S HIRE DATE

| | |
|---|---------|
| Hire Date: <small>mm/dd/yyyy</small> | Reason: |
|---|---------|

CHANGE ASSIGNMENT TYPE

| | |
|---|--|
| Date of Hire: <small>mm/dd/yyyy</small> | Effective Date of Change: <small>mm/dd/yyyy</small> |
| Assignment Type: <input type="checkbox"/> Full-time regular <input type="checkbox"/> Part-time regular <input type="checkbox"/> Casual <input type="checkbox"/> Full-time temporary <input type="checkbox"/> Part-time temporary | |
| Affiliation: <input type="checkbox"/> SEIU <input type="checkbox"/> CUPE <input type="checkbox"/> SGEU <input type="checkbox"/> SUN <input type="checkbox"/> NUGW <input type="checkbox"/> HSAS <input type="checkbox"/> Out of Scope (OOS) | |
| Guaranteed weekly hours (not required for casual): | Hourly rate of pay: |

NEW EMPLOYER CONTACT

| | | |
|--|--|---|
| <input type="checkbox"/> Benefits Contact | <input type="checkbox"/> Human Resources Contact | <input type="checkbox"/> Payroll Contact |
| <input type="checkbox"/> Disability Plan Contact | <input type="checkbox"/> Group RRSP Contact | <input type="checkbox"/> Premium Remittance Contact |
| First Name: | Last Name: | Effective Date: <small>mm/dd/yyyy</small> |
| Telephone Number: | Address: | Email: |

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 in your confidential file 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.