

1. Employer information

Employer Number:	Employer Name:
Contact Name:	Telephone Number:
Authorized Signature:	Date: (dd/mm/yyyy)

2. Employee information

First Name:	Last Name:	Benefit ID:
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Check the box beside the type of changes you are making:

- | | |
|--|---|
| <input type="checkbox"/> Terminate an employee (complete section 3) | <input type="checkbox"/> Change employment type and employee type (complete section 5) |
| <input type="checkbox"/> Change employee's hire date (complete section 4) | <input type="checkbox"/> New employer contact (complete section 6) |

3. Terminate an employee

Termination Date: (dd/mm/yyyy)	Reason:
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4. Change employee's hire date

Hire Date: (dd/mm/yyyy)	Reason:
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5. Change employment type and employee type

Employment Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Date of Hire: (dd/mm/yyyy)	Effective Date of Change: (dd/mm/yyyy)
Employee Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Student		
Union Affiliation: <input type="checkbox"/> SEIU <input type="checkbox"/> CUPE <input type="checkbox"/> SGEU <input type="checkbox"/> SUN <input type="checkbox"/> PSAC <input type="checkbox"/> NUGW <input type="checkbox"/> HSAS <input type="checkbox"/> Out of Scope		
Reason:		

6. New employer contact

Select the contact type:

<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: (dd/mm/yyyy)
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.

Return the completed form to:

3sHealth Employee Benefits • 700 - 2002 Victoria Avenue • Regina, SK S4P 0R7
T 306.347.5519 • F 306.347.5910 • E ebp@3sHealth.ca • www.3sHealth.ca