3sHealth
Shared Services Saskatchewan
better together

DISABILITY INCOME PLANS
MONTHLY CONTRIBUTION REPORT

	Employee Benefit Program 3sHealth 700-2002 Victoria Avenue Regina, SK S4P0R7 ebp@3sHealth.ca	EMPLOYER NAME:	
		EMPLOYER NUMBER:	

Details of contribution remittance for the month of _____ ,20 _____

Affiliation	Total Monthly Regular Salary (+)	Retro Salary (=)	Total Salary (x)	Rate (=)	Contributions (+/-)	Adjustments (=)	Total Monthly Contribution
CUPE	$ 0.00	$ 0.00	$ 0.00	0.0236	$ 0.00	$ 0.00	$ 0.00
CUPE age 65+	$ 0.00	$ 0.00	$ 0.00	0.0085	$ 0.00	$ 0.00	$ 0.00
SEIU-West	$ 0.00	$ 0.00	$ 0.00	0.0228	$ 0.00	$ 0.00	$ 0.00
SEIU-West age 65+	$ 0.00	$ 0.00	$ 0.00	0.0065	$ 0.00	$ 0.00	$ 0.00
SUN	$ 0.00	$ 0.00	$ 0.00	0.0146	$ 0.00	$ 0.00	$ 0.00
General	$ 0.00	$ 0.00	$ 0.00	0.0113	$ 0.00	$ 0.00	$ 0.00
Total:	$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00

When required please use the Adjustments column to add or subtract contributions from your regular monthly remittance.

Authorized Signature: _____

Date: _____

Contact Name: _____

Phone: _____

Email: _____

August 2021