3sHealth
Shared Services Saskatchewan

Leave of Absence Benefit Update Form

Member Data

Salutation:	Last Name:	First Name:	Benefit ID Number:
Street Address:	City/Town:	Province:	Postal Code:

Leave of Absence

Please complete and send in immediately after employee's LOA begins or ends.

1. Leave type: ☐ Maternity / Paternal / Adoption ☐ Personal ☐ Education ☐ Disability ☐ Layoff ☐ WCB
☐ Other ______________________________

2. Date leave began: ______________ DD/MM/YY Note: If the leave is for disability or WCB, the date the leave began is the date following the last day worked.	Comments:
Employer No.:	Employer Name:
Contact Name:	Telephone No.: / Fax No.:
Date: ______________ DD/MM/YY	Authorized Employer Signature:

3. Continuation of Optional Group Life Coverage including Voluntary AD&D and Dependent Life (if applicable):

☐ The Employee **has** completed the Opting-Out of DIP and Optional Group Life Form and has submitted post-dated cheques to pay their optional life premium, including voluntary AD&D and dependent life insurance (if applicable) for the duration of the leave **within** 30 days of the leave commencing.

☐ The Employee has not completed the Opting-Out of DIP and Optional Group Life Form and/or has not submitted post dated cheques to the pay their optional life premium for the duration of the leave **within** 30 days of the leave commencing. Please remove all optional life insurance, including voluntary AD&D and dependent life insurance (if applicable).

4. Date leave ended: ______________ DD/MM/YY	Comments:
Employer No.:	Employer Name:
Contact Name:	Telephone No.: / Fax No.:
Date: ______________ DD/MM/YY	Authorized Employer Signature:

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 to whom you have granted access, and to persons authorized by law.

Mail original completed form to: **3sHealth Employee Benefits • 700-2002 Victoria Avenue • Regina, SK S4P 0R7**
Toll Free: 1.866.278.2301 – Fax: 1-306-347-5909 – Email: ebp@3sHealth.ca – www.3sHealth.ca