

APPLICATION FOR CUSTOMER STATUS

Please download and complete this form. Please submit this form to:

info@3sHealth.ca

ATTN: 3sHealth Stakeholder Relations
 600 – 1919 Saskatchewan Drive
 Regina, SK S4P 4H2

ORGANIZATION NAME:	
ORGANIZATION ADDRESS:	
ORGANIZATION POSTAL CODE	
WEBSITE:	
CONTACT NAME:	
CONTACT PHONE:	
CONTACT EMAIL:	
Description of organization:	
(Purpose of organization, governance structure, for-profit/non-profit, services provided and to whom, number of employees, number of operating locations, etc.)	
Reason for requesting customer status with 3sHealth:	
Specify services that you wish to access:	
<input type="checkbox"/> Payroll services <input type="checkbox"/> Benefits administration <input type="checkbox"/> Contracting <input type="checkbox"/> All services	