

Employer Request: Funding for Evaluation Regarding a Disabled Employee

Employee Name: _____ Address: _____

Date of Birth: _____

Phone #: _____

Funding is requested for:

- Vocational Services (ex: vocational assessment, skills analysis, re-employment services)
- Functional Abilities Evaluation (mini-functional evaluation)
- Functional Capacity Evaluation (advanced functional evaluation)
- Cognitive Testing
- Occupational Therapy Assessment
- Work Site Assessment (Job Task Analysis)
- Ergonomic Aides (ex: sit/stand desk, ergonomic chair, etc.); \$800.00 maximum
- Other (specify in detail): _____

Amount of funding requested*: _____

(*We require a copy of the treatment/evaluation plan and, if applicable, existing receipts or invoices)

Name and Address of Provider: _____

Evaluation Dates (if known): _____

Anticipated duration of evaluation:

- 1 day
- 2 days
- Other (specify) _____

Goals of evaluation or ergonomic aide: _____

**Please see reverse for Application Requirements and note that
3sHealth will not fund treatments or evaluations that are not attended by the Employee.**

Name of Authorized Employer Representative: _____

Name of Employer/Organization: _____

(Signature of Employer Representative)

(Date)

Application Requirements

In order to be eligible for funding, the Employee must be a member of a 3sHealth Disability Income Plan (DIP) and have an existing active or pending disability claim. Requests for funding that relate to an Employee whose disability claim has been denied or terminated will not be considered.

In order to be eligible for funding, 3sHealth Disability must be able to conclude that the evaluation or item for which funding has been requested might reasonably result in shortening the duration of the employee's absence from work.

Requests for funding should be made and approval confirmed in advance of the evaluation or in advance of any purchase. If obtaining advance approval is not possible, funding will be considered provided the request is received by 3sHealth Disability within 30 days of the date of evaluation or purchase.

Employer funding requests will **not** be considered for any of the following:

- Treatment of any kind (please have the Employee complete the *Employee Request: Funding for Treatment or Evaluation* form for funding requests for treatment)
- Functional or tertiary level treatment programs (programs that require daily, all-day attendance for an extended period)
- Costs related to travel, meals and accommodation, unless otherwise specified by 3sHealth

In the case of ergonomic aides, 3sHealth reserves the right to request confirmation that the Employer is not able to fund the purchase.

It is the responsibility of the requesting Employer to arrange and book the appointments for any approved evaluations.

3sHealth will not fund evaluations that are not attended by the Employee.

Please submit all applications to 3sHealth:

Health Shared Services Saskatchewan - 3sHealth
Employee Benefits
700-2002 Victoria Ave
Regina, SK S4P 0R7

T. 306-347-5559 F. 306-347-5910
Toll Free: 1-866-278-2301

Email: Disability@3sHealth.ca