

Payroll Data Form Disability Income Plan Benefits

CLAIMANT INFORMATION

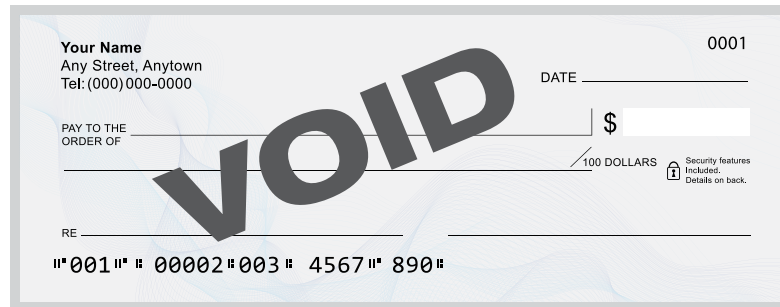
Last Name:		First Name:		Date of Birth: (mm/dd/yyyy)	
Address:			City:		Province: Postal Code:

Your 3sHealth Disability Income Plan benefit is payable on the last banking Friday of the month for monthly benefits (after the 120th day of disability). Weekly benefits (payable under the CUPE and SEIU plans during the first 119 days of disability following expiry of sick leave payments) will be payable on the Friday of the week in which the payment is due. Please complete the following section to identify the bank account you wish your disability benefit deposited to. Please attach a void personal cheque or an encoded deposit slip for that account.

BANK INFORMATION

Name of Bank:					
Street Address:				City:	
Province:	Postal Code:	Phone Number:			

PLEASE ATTACH A PERSONAL CHEQUE MARKED "VOID" OR AN ENCODED DEPOSIT SLIP



Claimant's Signature:	Date Signed: mm/dd/yyyy
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FOR OFFICE USE ONLY

Institution ID number: —

branch number

transit number

Payee account number: