

Opting Out of Disability Income Plan Benefits for Retired/Rehired Employees

PLAN MEMBER INFORMATION			
First Name:	Last Name:	Date of Birth: <small>mm/dd/yyyy</small>	Benefit ID/ Person ID:
Address:	City:	Province:	Postal Code:
Retirement Effective Date: <small>mm/dd/yyyy</small>			
Name of Pension Plan Accessed: <input type="checkbox"/> SHEPP <input type="checkbox"/> PEBA <input type="checkbox"/> Regina Civic <input type="checkbox"/> Other			
Effective Date of Disability Opt-Out (note that this date cannot be retroactive): <small>mm/dd/yyyy</small>			

I have been advised that because I have retired and accessed a pension plan provided by a 3sHealth participating employer, I am eligible to opt-out of the Disability Income Plan(s) that I am currently a member of or which I am eligible to join.

By my signature below I confirm that I choose to opt-out of the Disability Income Plan(s) and I understand I am relinquishing any and all claims to coverage and benefits under the Disability Income Plan(s).

Authorized Signature:	Date Signed: <small>mm/dd/yyyy</small>
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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.