



DISABILITY INCOME PLANS

MONTHLY CONTRIBUTION REPORT

Employee Benefit Program 3sHealth 700-2002 Victoria Avenue Regina, SK S4P0R7 ebp@3sHealth.ca	EMPLOYER NAME:	
	EMPLOYER NUMBER:	

Details of contribution remittance for the month of _____, 20_____

Affiliation	Total Monthly Regular Salary	+	Retro Salary	=	Total Salary	x	Rate	=	Contributions	+/-	Adjustments	=	Total Monthly Contribution
CUPE							0.0236						
CUPE age 65+							0.0085						
SEIU-West							0.0226						
SEIU-West age 65+							0.0065						
SUN							0.0146						
General							0.0113						
Total:													

When required please use the Adjustments column to add or subtract contributions from your regular monthly remittance.

Authorized Signature: _____
 Date: _____
 Contact Name: _____
 Phone: _____
 Email: _____