Health Shared Services Saskatchewan - 3sHealth
Employee Benefits
700-2002 Victoria Ave
Regina, SK S4P 0R7
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Toll Free: 1-866-278-2301

Opting Out Of 3sHealth Disability Income Plan Benefits Form

Employee's Name (please print):
Employee's 3sHealth Benefit Identification Number:
Employee's Address:
Employee's Retirement Effective Date:
Name of Pension Plan that Employee has Accessed (SHEPP, PEBA, etc.):
Employee's Rehire Effective Date:
Name of 3sHealth Disability Plan(s) Employee is Eligible to Join or is Currently a Member of (CUPE, SEIU, SUN, General):
Effective Date of Employee's Opt Out (note that this date cannot be retroactive):

☐ I have been advised that because I have retired and accessed a pension provided by a 3sHealth Participating Employer, I am eligible to opt-out of the 3sHealth 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 3sHealth Disability Income Plan(s) and I understand I am relinquishing any and all claims to coverage and benefits under the 3sHealth Disability Income Plan(s).

Signature of Employee	Date
Name and Org # of Employer	Name and Title of Authorized Employer Representative
Signature of Authorized Employer Representative	Date

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.