



SEND THIS FORM TO:

3sHealth Employee Benefits
 700-2002 Victoria Avenue
 Regina, SK S4P 0R7
 Telephone: 1-866-278-2301
 Fax: 1-306-347-5909
 Email: ebp@3sHealth.ca

Out-of-Scope Flexible Spending Plan Account Selection Form

1. Employer Information			
Employer Number:	Employer Name:		
Contact Name:	Telephone Number:		
Authorized Signature:	Eligibility Date (dd/mm/yyyy)		
Employee's Eligible Credit Allocation: \$	Employee Number:		
2. Your Information			
First Name:	Last Name:	Benefit ID:	
Address:	City:	Province:	Postal Code:
Date of Birth: (dd/mm/yyyy)		Work Email:	
3. Allocating Your Annual Credits			
<p>A. I acknowledge that I have read the printed materials and fully understand that:</p> <ul style="list-style-type: none"> a. Once my selection is made, it cannot be changed or altered until the next annual re-enrolment period. b. There may be tax implications associated with my selection and that it is my responsibility to speak with a tax advisor so that I can make an informed decision. c. If 3sHealth does not receive my selection by the first day of the second month that I am eligible, my default option will be 100% allocated to the Health Spending Account. Expenses incurred before I am enrolled will not be paid. This allocation cannot be changed until the following re-allocation period. d. My coverage will begin on the date my completed form is received by 3sHealth. I will not be eligible for reimbursement of expenses incurred prior to this date. e. Under the Lifestyles Spending Account (LSA) that any unused funds at December 31 of each year will be forfeited. No amount of unused funds or expenses may be carried over. f. Under the Health Spending Account (HSA) that I may carry over my credits for a period of one calendar year only. Any unused credits from the previous year must be used by the end of the next calendar year or they will be forfeited. g. The claim submission deadline is February 28th each year. <p>B. I authorize and direct that my annual credits be allocated as follows:</p> <ul style="list-style-type: none"> 100% of my annual allocation be applied to the Health Spending Account (HSA) 100% of my annual allocation be applied to the Lifestyles Spending Account (LSA) 50% of my annual allocation be applied to the Health Spending Account (HSA) and 50% of my annual allocation 			
4. Signature			
<p>I hereby acknowledge that I have read and understand the conditions of the Employee Benefit Plans, as outlined in the Plan commentaries and confirm the options I have chosen above. I understand these benefits are subject to the terms of the Flexible Spending Plan, as applicable, administered by Health Shared Services Saskatchewan (3sHealth).</p> <p>By signing this Account Selection Form, I agree that the information provided is complete and accurate.</p>			
Your Signature:	Date: (dd/mm/yyyy)		

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 whom you have granted access, and to persons authorized by law.