

# Wage Indemnity Assignment

Date: \_\_\_\_\_

To: The City of Whitehorse (the 'City')

And To: The City of Whitehorse Benefit Plan Insurer (the 'Insurer')

From:

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

I \_\_\_\_\_ hereby direct the Insurer to provide and assign all short term disability / wage indemnity payments to which I am entitled to receive from the Insurer through my employment with the City (the "Wage Indemnity") directly to the City at:

The City of Whitehorse  
2121 Second Avenue  
Whitehorse, Yukon  
Y1A 1C2  
Attention: Human Resources Department

I hereby assign to the City all Wage Indemnity and authorize the City to retain all Wage Indemnity payable to me by the insurer pursuant to the applicable employment contract, Bylaw(s) or collective agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Payroll ID#

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (print)