

The Employer's and Employee's statements should be completed and sent to Canada Life within 10 days of the disability date when applying for early referral services. Canada Life's Privacy Guidelines and applicable law allow employees to have access to personal information in their files. Please be aware that any information you provide us in connection with this claim may be subject to access by the employee.

**Ensure all sections are completed to prevent any delay in assessing this claim**

Company name: \_\_\_\_\_

Plan number: \_\_\_\_\_ Canada Life ID number: \_\_\_\_\_ Division: \_\_\_\_\_ Class: \_\_\_\_\_

## Employee's information

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Home address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Province / Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## Employment information

Job title: \_\_\_\_\_ Date of hire (mm/dd/yyyy): \_\_\_\_\_

Gross earnings prior to disability: \_\_\_\_\_  Hourly  Weekly  Bi-weekly  Semi-Monthly  Monthly  Annually

Employee is: a)  Full time  Part-time

b)  Permanent  Temporary  Seasonal  Contract

c)  Hourly  Salaried  Commissioned  Salaried + Commissioned

Hourly + Commissioned

Other – describe: \_\_\_\_\_

**Please provide a response in each section a), b) and c)**

Regular number of scheduled hours: \_\_\_\_\_  Weekly  Bi-weekly  Monthly

Do the schedule hours vary (excluding overtime)?  Yes  No

Is the employee still employed?  Yes  No Date employment ended (mm/dd/yyyy): \_\_\_\_\_

## Coverage information

Date the employee signed their enrollment form for disability coverage (mm/dd/yyyy): \_\_\_\_\_

Date the employee was added to the plan for disability coverage (mm/dd/yyyy): \_\_\_\_\_

## Absence information

Employee's last day actively at work (mm/dd/yyyy): \_\_\_\_\_ Percentage of last day worked: \_\_\_\_\_ %

Employee's first day absent from work (mm/dd/yyyy): \_\_\_\_\_

Date sick pay/salary continuance expires (mm/dd/yyyy): \_\_\_\_\_

What is the reason for the employee's absence (select all that apply):

Medical

Strike

Temporary lay-off Start date: \_\_\_\_\_ (mm/dd/yyyy) Recall date (if known): \_\_\_\_\_

Maternity/Parental leave Start date: \_\_\_\_\_ (mm/dd/yyyy) Planned end date: \_\_\_\_\_

## Absence information - continued

Leave of absence Start date: \_\_\_\_\_ (mm/dd/yyyy) Planned end date: \_\_\_\_\_

Other: \_\_\_\_\_

Is this absence due to a work related incident?  No  Yes Has a Worker's Compensation claim been filed?  No  Yes

Worker's Compensation Claim number (If known): \_\_\_\_\_

Has the employee returned to work?  No  Yes If yes, date returned (mm/dd/yyyy): \_\_\_\_\_

The employee has returned to (select all that apply)  Regular hours and duties  Modified duties  Modified hours

Details: \_\_\_\_\_

If no, date expected to return (mm/dd/yyyy): \_\_\_\_\_ OR  Unknown

Were there any workplace issues leading up to the employee's absence?  No  Yes  Unknown

Do you anticipate any difficulties with the employee's return to work?  No  Yes  Unknown

Do you have any concerns with this claim for disability benefits?  No  Yes  Unknown

Have you remained in contact with this employee?  No  Yes  Unknown

Have you discussed accomodation options with this employee?  No  Yes  Unknown

If yes or unknown to any of these questions, please provide details. A Canada Life representative may contact you to discuss further.

---

---

---

---

---

---

---

---

## Declaration

I declare the information I have entered is accurate Date: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Job title: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Confidential fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**If submitting this form by fax or email, the Authorized Signature field must be signed.  
If submitting this form on-line, on-line certification will be applied.**

**PART 1 - To be completed by the Employee's supervisor**

How would you classify the **physical** requirements of the employee's regular job duties?

<input type="checkbox"/>	Sedentary	<p>Mostly sitting, limited bending, reaching or climbing. Involves handling loads or exerting force up to 10 lbs/4.5 kgs occasionally. For example:</p> <ul style="list-style-type: none"> <li>• Examining and analyzing financial information</li> <li>• Administering and marking written tests</li> </ul>
<input type="checkbox"/>	Light	<p>Sitting and standing/walking. Occasional bending/stooping, reaching or climbing. Involves handling loads or exerting force between 10 lbs/4.5 kgs and 20 lbs/9.1 kgs occasionally. For example:</p> <ul style="list-style-type: none"> <li>• Preparing and cooking meals</li> <li>• Filing materials in drawers and storage boxes</li> </ul>
<input type="checkbox"/>	Medium	<p>Standing/walking, occasional sitting. Frequent bending/stooping, reaching, climbing. Involves handling loads or exerting force between 20 lbs/9.1 kgs and 50 lbs/22.7 kgs occasionally. For example:</p> <ul style="list-style-type: none"> <li>• Measuring, cutting and applying wallpaper</li> <li>• Adjusting, repairing or replacing mechanical or electrical components using hand tools</li> </ul>
<input type="checkbox"/>	Heavy	<p>Mostly standing/walking. Frequent bending/stooping, reaching, climbing. Involves handling loads or exerting force up to 100 lbs/45.4 kgs occasionally. For example:</p> <ul style="list-style-type: none"> <li>• Shoveling cement into mixers, the maintenance and repair of roads</li> <li>• Measuring, cutting and installing drywall</li> </ul>

How would you classify the **cognitive** requirements of the employee's job duties?

<input type="checkbox"/>	Low	<p>Repetitive work or work requiring minimal concentration, organization, decision making and/or multi-tasking with basic communication or social interaction. For example:</p> <ul style="list-style-type: none"> <li>• Stocking shelves</li> <li>• Ticket taking, greeting customers</li> <li>• Light labor or cleaning</li> </ul>
<input type="checkbox"/>	Moderate	<p>Routine work involving some concentration, organization, decision making and/or multi-tasking, communication or social interaction. For example:</p> <ul style="list-style-type: none"> <li>• Quality reviews using a checklist</li> <li>• Handling customer purchases with a variety of payment methods</li> <li>• Answering phones and directing calls</li> </ul>
<input type="checkbox"/>	Moderately high	<p>Detailed work involving a significant level of concentration, organization, decision making, multi-tasking, communication or social interaction.</p> <ul style="list-style-type: none"> <li>• Examining and analyzing financial information</li> <li>• Operating heavy machinery</li> <li>• Driving to customer locations daily for sales/service appointments</li> </ul>
<input type="checkbox"/>	High	<p>Specialized, detailed work or safety critical positions involving an extensive level of concentration, organization, decision making, multi-tasking and communication. For example:</p> <ul style="list-style-type: none"> <li>• Examining patients and administering testing/treatment</li> <li>• Public transportation, public safety</li> </ul>

How long has the employee worked on this position? \_\_\_\_\_ Years \_\_\_\_\_ Months

Were any changes made to the employee's job as a result of their medical condition?  No  Yes

Please describe the changes and when the changes occurred.

---



---



---



---

Outline the transitional work opportunities (such as modified duties, temporary accommodations, gradual increase of hours) that may exist for the employee:

---



---



---



---

**PART 2 – To be completed by the Employee’s supervisor**

Not required if:

- the employee has returned to work or if the absence will be less than 4 weeks.
- you have a prepared job description outlining the physical and/or cognitive demands (please attach).

Select the option that describes how long/how often the employee performs each activity during their normal workday.

Cognitive Activities	Constantly (85-100%)	Frequently (65-84%)	Regularly (34-64%)	Occasionally (33% or less)	Not at all
Attention to Detail					
Multi-tasking					
Analysis					
Verbal communication					
Reading/writing					
Memory					
Supervision of others					

Physical Endurance	Up to 4 hours continuously	2-4 hours continuously	1-2 hours continuously	up to 1 hour continuously	up to 20 mins continuously	Not at all
Sit						
Stand						
Walk						
Drive						

**PART 2 – continued**

Activity		Constantly (85-100%)	Frequently (65-84%)	Regularly (34-64%)	Occasionally (up to 33%)	Not at all
Bend/Stoop						
Squat/Kneel						
Climb stairs						
Operate foot controls	Right					
	Left					
Push/Pull	Right					
	Left					
<b>Reach</b>						
Below shoulder	Right					
	Left					
Above shoulder	Right					
	Left					
<b>Hand dexterity</b>						
Gross manipulation (grip/ grasp)	Right					
	Left					
Fine manipulation (type/write/grip)	Right					
	Left					
Lift/Carry up to 10 lbs/4.5 kgs						
Lift/Carry up to 20 lbs/9.1 kgs						
Lift/Carry up to 50 lbs/22.7 kgs						

Please provide any additional information that you believe should be considered when assessing the employee's claim.

---



---



---



---



---



---

**Declaration**

I declare the information I have entered is accurate Date: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Job title: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Confidential fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

***If submitting this form by fax or email, the Authorized Signature field must be signed.  
If submitting this form on-line, on-line certification will be applied.***