

The Employer's and Employee's statements should be completed and sent to Canada Life at least 8 weeks before the waiting period ends when applying for long term disability, or within 10 days of the disability date when applying for short term disability. 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): _____

What is the basic disability coverage amount for the employee: _____ per week _____ per month.

Does the employee have any excess insurance? No Yes Amount: _____

Is the employee covered for basic life insurance? No Yes Amount: _____

Is the employee covered for optional life insurance? No Yes Amount: _____

Employee's tax information

TD-1 personal tax credits (federal): _____ (provincial): _____ **OR** Quebec TP-1015.3 source deductions: _____

Is the employee exempt from tax under the Indian Act (CRA form TD1-1N)? No Yes What percentage? _____%

This section must be completed if your plan is Administrative Services Only (ASO) and you have authorized Canada Life to deduct CPP/QPP and EI/QPIP from the employee on your behalf:

Employee's province of employment: _____

Enter the year-to-date amounts deducted from your payroll system based on wages you've paid:

Year-to-date CPP/QPP Contributions: _____ EI Premiums: _____ QPIP Premiums: _____

Year-to-date Pensionable Earnings: _____ Insurable Earnings: _____

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): _____

Have you paid the employee beyond their last day worked? No Yes

Date paid to (mm/dd/yyyy): _____ OR Ongoing

Type of pay: Sick pay/Salary continuance Vacation Other (please specify): _____

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: _____

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"> • Examining and analyzing financial information • Administering and marking written tests
<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"> • Preparing and cooking meals • Filing materials in drawers and storage boxes
<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"> • Measuring, cutting and applying wallpaper • Adjusting, repairing or replacing mechanical or electrical components using hand tools
<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"> • Shoveling cement into mixers, the maintenance and repair of roads • Measuring, cutting and installing drywall

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"> • Stocking shelves • Ticket taking, greeting customers • Light labor or cleaning
<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"> • Quality reviews using a checklist • Handling customer purchases with a variety of payment methods • Answering phones and directing calls
<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"> • Examining and analyzing financial information • Operating heavy machinery • Driving to customer locations daily for sales/service appointments
<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"> • Examining patients and administering testing/treatment • Public transportation, public safety

How long has the employee worked in 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 (33% or less)	Unable/ Not at all	Expected duration of any restrictions
Bend/Stoop							
Squat/Kneel							
Climb stairs							
Operate foot controls	Right						
	Left						
Push/Pull	Right						
	Left						
Reach							
Below shoulder	Right						
	Left						
Above shoulder	Right						
	Left						
Hand dexterity							
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.***