

# EMPLOYER'S STATEMENT - DISABILITY CLAIM FORM

Use this form for Long Term Disability claims, Life Waiver of Premium claims, or Serious Accident and Illness Protection (SAIP) claims. SAIP is not a traditional Long Term Disability Plan and does not cover disability due to any condition which is not listed as a Covered Condition.

For Weekly Indemnity Claims complete the Weekly Indemnity (Short Term Disability) Claim Form Employer's Statement.

1. Group policyowner	Group policy number
Claimant's name (first, middle, last)	Division number
Claimant's phone number	Certificate number
Claimant's address	

2. Date employee was hired (dd/mmm/yy)	
What is the employee's regularly scheduled work week? Hours per week:	Last date employee actually worked (dd/mmm/yy)
Why did the employee stop working?	
Has coverage terminated? <input type="radio"/> yes <input type="radio"/> no – If yes, provide the following:	
Date (dd/mmm/yy)	Reason
Employer contributes to LTD or SAIP premium: <input type="radio"/> yes (taxable) <input type="radio"/> no (non-taxable)	

3. Basic Gross earnings as of last day worked (complete <u>one</u> of the following frequencies):			
Weekly	Bi-weekly	Monthly	Annual
\$	\$	\$	\$
Is the employee paid (partly or fully) on a commission basis? <input type="radio"/> yes <input type="radio"/> no			
<b>If yes, please attach a copy of the employee's T4 and T4A slips from the past 2 years.</b>			
If other income, please specify the amount and type of the income (e.g. bonus, commissions, over-time):			
Amount \$	Type	Frequency	
<b>Please attach a copy of the most recently completed TD1.</b>			
<b>Please provide a copy of any Record of Employment (ROE) issued in the past 2 years for this employee.</b>			

4. Have any of the following been paid since the employee's last day worked?			
Complete the applicable frequency	Weekly	Bi-weekly	Monthly
Salary continuation to (dd/mmm/yy) :	\$	\$	\$
Vacation pay to (dd/mmm/yy) :	\$	\$	\$
Sick leave benefit to (dd/mmm/yy) :	\$	\$	\$
Short-term plan to (dd/mmm/yy) :	\$	\$	\$

5. Indicate the dates the claimant was absent from work due to injury or sickness during the past twelve months and the cause, if known.

Date (dd/mmm/yy)	Cause

6. **Pension plan information**

Claimant's normal retirement date (dd/mmm/yy)

Do you have a group pension plan?  yes  no  
 If yes, specify the date the employee is eligible to receive benefits under the pension plan.

Date (dd/mmm/yy)

7. **Return to work**

Provide details for the individual we should contact if we identify a return to work option:

Name	Title
Phone number	Email address

8. **Provincial Workplace Safety Board**

**Please provide the following information and enclose copies of any relevant documentation.**

If absence is due to a work related accident or sickness, has a claim been filed with the applicable provincial workplace safety board?

a)  **yes – please provide a copy of Accident/Sickness Report**

Claim number	Benefit commenced (dd/mmm/yy)	Benefit ceased (dd/mmm/yy)
Contact name	Phone number	Fax number

Initial benefit amount: \$  Weekly  Bi-weekly  Monthly

b)  **no – please explain:**

c) If provincial workplace safety board benefits were denied or terminated, has the employee appealed this decision?  
 yes  no - if yes, specify date of Appeal (dd/mmm/yy):

9. **To be completed by employee's immediate supervisor**

Immediate supervisor's name	Phone number	Email address
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Employee's job title as of date last worked

How long has the employee held this position?	Years	Months
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Were there any changes to the employee's job duties before the employee stopped working?  yes  no  
 If yes, what were the changes and when were they made?

**10. Physical demands of employee's job – To be completed by employee's immediate supervisor**

Please enclose a detailed job description including the primary job duties.  
 Please provide a copy of the physical demands analysis of the job if available, or complete the following:

**Physical Demand Reference Chart:**

<b>Constant (C):</b> The activity is completed 67% to 100% of a workday	<b>Rare (R):</b> The activity is completed 1% to 5% of a workday
<b>Frequent (F):</b> The activity is completed 34% to 66% of a workday	<b>Not Applicable (N/A):</b> The activity is not a component of the job
<b>Occasional (O):</b> The activity is completed 6% to 33% of a workday	

Agility	Frequency %
Walking	
Standing	
Sitting	
Squatting/crouching	
Bending/stooping	
Repetitive movement	
Climbing	
Driving	

Strength	Pounds	Frequency %
Lifting (floor to waist)		
Lifting (waist to shoulder)		
Lifting (overhead)		
Overhead reaching		
Pushing/pulling		

What percentage of the employee's time is spent in the following activities?

Talking on the phone %	Writing/keyboarding %	Supervising other people? %
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Please list any machines, tools, or other equipment that the employee uses in the job. You can either list the number of times per day the equipment is used or the percentage of time spent using the equipment, whichever is more applicable.

Type of equipment	Number of times per day OR % of time

Can this job be performed alternately sitting and standing?  yes  no

Are there any other physical demands essential to the job that are not listed above?  yes  no  
 If yes, please provide details:

**11. Additional comments**

**12. Declaration**

I certify that the above information is true and complete.

Signature of authorized official of group policyowner

**X**

Print name

Title

Signed at

Date (dd/mmm/yy)

Phone number

Fax number

Email address

**Please return this completed form to:**

Life & Disability Claims  
Group Solutions  
The Empire Life Insurance Company  
259 King Street East  
Kingston ON K7L 3A8

Toll free phone number: 1 800 267-0215  
Toll free fax: 1 855 430-9455  
Email: grouplifeanddisability@empire.ca

**Attachment Checklist**

- Employee job description
- Most recently completed TD1
- Plus (if applicable):**
- Copy of ROEs issued in the past 2 years (see section 3)
- 2 year T4 and T4A for commissioned employees (see section 3)
- Copy of accident/sickness report (see section 8)
- Physical demands of employee's job (see section 10)