

# EMPLOYER'S STATEMENT

## GROUP LONG TERM DISABILITY CLAIM AND/OR LIFE WAIVER OF PREMIUM CLAIM

1. Group policyowner	Group policy number
Claimant's name (first, middle, last)	Group 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 Premium: <input type="radio"/> yes (taxable) <input type="radio"/> no (non-taxable)	

3. Basic Gross earnings as of last day worked (complete one of the following frequencies):

Weekly	Bi-weekly	Monthly	Annual
\$ _____	\$ _____	\$ _____	\$ _____

If other income, please specify the amount and type of the income. (e.g. bonus, commissions, over-time)  
\$ \_\_\_\_\_ Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Please attach a copy of the most recently completed TD1.  
Please provide a copy of any Record of Employment (ROE) issued in the past 2 years for this employee.  
For commissioned employees, please attach copies of the past 2 years' T4 and T4A forms.**

4. Have any of the following been paid since the employee's last day worked?

Salary continuation to: (dd/mmm/yy)	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly – amount \$ _____
Vacation pay to: (dd/mmm/yy)	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly – amount \$ _____
Sick leave benefit to: (dd/mmm/yy)	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly – amount \$ _____
Short-term plan to: (dd/mmm/yy)	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly – amount \$ _____

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, when is the employee eligible to receive benefits under the pension plan? (dd/mmm/yy) \_\_\_\_\_**7. Return to work**

What is the name, title, email address and telephone number of 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 – If 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

What was the initial benefit amount? \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly amount**b)  no – If no, please explain:****c) If provincial workplace safety board benefits were denied or terminated, has the employee appealed this decision?** yes  no Date of Appeal: \_\_\_\_\_**9. To be completed by employee's immediate supervisor**

Immediate supervisor's name

Phone number

Email address

Employee's job title as of date last worked:

How long has the employee held this position? \_\_\_\_\_ years, \_\_\_\_\_ months

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?
%	%	%

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**

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**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 # 1 800 267-0215

Toll free fax: 1 855 430-9455

Email: [grouplifeanddisability@empire.ca](mailto: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)