



Employer Statement

- Long Term Disability Claim
- Waiver of Premium Claim for:
 - Basic Life Benefit
 - AD&D Benefit

An incomplete form may result in delays in the adjudication of the plan member's disability claim.

Please see page 2 for instructions.

Disability management

The most important thing you can do to facilitate your plan member's safe and timely return to work is to maintain continuous contact with the plan member from the time he/she leaves the workplace.

Be sure to let the plan member know if your company is able to provide transitional work duties and who the plan member can talk to, confidentially, about his or her specific accommodation needs.

Plan employer instructions

- **Please print clearly; answer all applicable questions; sign and date the form.**
 - Ensure the "Job description" section on page 5 is completed and signed by **plan member's supervisor**.
 - Submit this form to the appropriate address below, **6 to 8 weeks prior to LTD eligibility date**, or as soon as it is known that the plan member is not expected to return to work before the qualifying period has expired, even if the plan member has applied, or been accepted for any type of workers' compensation benefits.
 - Advise plan member to submit forms to you **OR Manulife 6 to 8 weeks prior to LTD eligibility date**, or as soon as it is known that the plan member is not expected to return to work before the qualifying period has expired.
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The LTD eligibility process

In assessing eligibility for LTD benefits, we gather information from you, the plan member and the plan member's physician(s) to compare restrictions and limitations with job demands.

All of the above information will be reviewed to determine whether the plan member meets the eligibility criteria and that review cannot be completed until all of the information has been received. In some cases, it may be necessary to gather additional information before a decision can be made. We will notify you if this becomes necessary.

Prairie Teamsters Administration Services
155 - 7260 12 ST SE
CALGARY AB T2H 2S5
Tel: (403) 252-6924
Fax: (403) 253-3231

OR Manulife Group Benefits
Attention: Disability Claims
PO BOX 4217 STN C
CALGARY AB T2T 5N1
Tel: 1-877-481-9169
Fax: 1-866-635-3050

Group Benefits Employer Statement Long Term Disability Claim

1 Employer

Plan contract number	Division number	Company name
Contact		Title
Phone number	Ext.	Fax number

2 Plan member identification

Name (last, first, initial)	<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Mrs.
Plan member Social Insurance Number	Date of birth (dd/mmm/yyyy)

3 Life coverage

(for Group Life Benefit and Accidental Death and Dismemberment Benefit)

To be completed only if waiver of premium benefit involved. Please provide copy of Enrolment Application.

Plan contract number	Division number	Effective date of coverage (dd/mmm/yyyy)
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The plan contract number, division number, and effective date are the same for life and AD&D benefits, you cannot have one coverage without the other on this plan.

4 LTD coverage information

a) What was the date of hire?

b) On what date did LTD coverage become effective?

c) Has LTD coverage been terminated?

Yes No *If yes, please show date coverage terminated, and explain why.*

Date coverage terminated (dd/mmm/yyyy)	Reason why LTD coverage terminated
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d) What were the plan member's work hours?

Full-time HRS/WK _____
 Part-time HRS/WK _____
 Other HRS/WK _____

e) What was the employment status prior to the disability date?

Actively employed **OR**
 Leave of absence Disability leave
 On layoff Pensioned
 Terminated

Please provide effective date (dd/mmm/yyyy)

5 Work schedule information

a) What was the date last worked and the next scheduled work date?

Date last worked (dd/mmm/yyyy)	Next scheduled work date (dd/mmm/yyyy)
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b) List any dates plan member worked during the qualifying period.

c) What is the return to work date?

Return to work date (dd/mmm/yyyy)	<input type="radio"/> Actual <input type="radio"/> Expected <input type="radio"/> Unknown
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6 Plan member's earnings and benefit information

Please provide the following information, **OR** a copy of the current payslip.

a) What was the base salary/wage when plan member was last at work?

Base salary/wage	Payment Schedule
\$	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Monthly <input type="radio"/> Annual

7 Workers' compensation information

a) Is the current disability due to a work related accident or illness?

Yes No

If yes, has a claim been filed with the appropriate board? Yes No

b) Please provide a copy of the Accident/Illness report and:

Workers' compensation board contact name	Phone number	Ext.	Fax number
Claim number	Date benefit commenced (dd/mmm/yyyy)	Date benefit ceased (dd/mmm/yyyy)	

c) What is/was the benefit amount?

Benefit amount \$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly
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d) Is the plan member receiving any other type of workers' compensation income?

<input type="radio"/> Yes <input type="radio"/> No	Permanent award \$	Effective date (dd/mmm/yyyy)
	Workers' compensation board supplements \$	Effective date (dd/mmm/yyyy)
	Lump sum settlement \$	Payment period

e) If WCB benefits were denied or terminated has plan member appealed this decision?

Yes No

If yes, date of appeal (dd/mmm/yyyy)

8 Modified/Alternate work

Yes No

a) If the plan member could return to work, would modified duties or alternate work be available?

If yes, please provide details

b) Has this been discussed with the plan member?

Yes No

9 Other information

Please provide any additional information that you believe should be considered in assessing this plan member's claim.

Please attach any medical or other information provided to or obtained by you, relative to the plan member's absence.

10 Declaration

I certify that the information in this form is true and complete, to the best of my knowledge.

Plan employer's signature	Title	
Phone number	Ext.	Date (dd/mmm/yyyy)

The information in this statement will be kept in a group life, health, or disability benefits file with Manulife and might be accessible by the plan member of third parties to whom access has been granted or those authorized by law. By providing the information you consent to such unedited release of any information contained herein.

Note: Please ensure that the remainder of this form is completed by the plan member's supervisor. Sections 11 - 14 may be separated from the rest of the form, if necessary.

11 Job description

THIS SECTION TO BE COMPLETED BY THE PLAN MEMBER'S IMMEDIATE SUPERVISOR.
Please enclose a detailed job description for the plan member. The description must be for the job the plan member was performing immediately prior to the date last worked.

- a) What was the plan member's job title as of the last day worked?
- b) How long has the plan member held this position?
- c) How long is the plan member's usual work day?

Job title

- d) What is the usual work pattern? (i.e. number of shifts worked per week)

Position held

years months

Length of plan member's work day

Plan member's usual work pattern

- e) What are the primary duties of the plan member's job? (e.g. operate machinery, do research/analysis, handle shipping/receiving, do sales activities, has management/supervising responsibilities, perform customer service duties, maintain electrical/mechanical equipment, use a computer, etc.)

PRIMARY DUTIES	TIMES	OR	HOURS PER DAY

- f) Please list any office machines, tools or other equipment that the plan member uses in this job.

TYPE OF EQUIPMENT	SELDOM (<1 hr.)	INFREQUENT (1-2 hrs.)	OCCASIONAL (2- 4 hrs.)	FREQUENT (4- 6 hrs.)	CONSTANT (> 6 hrs.)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12 Job requirements

- a) In this section we are gathering information about the plan member's specific physical or psychological job tasks. If you have a physical or psychological demands analysis, please provide it, **OR** complete the following section as applicable.

Activity	N/A	SELDOM (<1 hr.)	INFREQUENT (1 - 2 hrs.)	OCCASIONAL (2 - 4 hrs.)	FREQUENT (4 - 6 hrs.)	CONSTANT (> 6 hrs.)
	Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kneeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending/Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crouching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crawling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine manipulation; fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simple grasping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine manipulation; hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repetitive body motions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaching - above shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaching - at shoulder level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaching - below shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaching - side to side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaching - up and down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lifting / Carrying	N/A	0 - 10 lbs	11 - 20 lbs	21 - 50 lbs	> 50 lbs	FREQUENCY		
	Lifting - floor to waist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent
Lifting - waist to shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant
Lifting - above shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant
Carrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant

Are assistive devices utilized available N/A

Is your plan member required to work in any of the following conditions?	Yes	No
Exposure to marked changes in temperatures and humidity	<input type="radio"/>	<input type="radio"/>
Being around moving machinery	<input type="radio"/>	<input type="radio"/>
Unprotected heights	<input type="radio"/>	<input type="radio"/>
Exposure to dust, fumes and gases	<input type="radio"/>	<input type="radio"/>
Driving automobile equipment	<input type="radio"/>	<input type="radio"/>
Is the plan member able to change position as comfort requires?	<input type="radio"/>	<input type="radio"/>

12 Job requirements
(continued)

Which of the following categories best describes the psychological demands of your plan member's job?

		Which of the following categories best describes the psychological demands of your plan member's job?				
		SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT
PSYCHOLOGICAL DEMANDS OF JOB	A. Understanding and memory					
	Remember locations and routine procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Understand and remember short and simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Understand and remember detailed instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B. Sustained concentration and persistence					
	Carry out short and simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Carry out detailed instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Maintain attention and concentration for extended periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Perform activities within a schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sustain an ordinary routine without supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make simple decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Solve simple straightforward problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Solve complex problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
C. Social interaction						
Interact with the general public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ask questions or request assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accept instructions and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Get along well with others without distracting them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Get along well with others without being distracted by them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D. Adaptation						
Respond to frequent changes in the environment or tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Aware of normal hazards and take appropriate precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Travel in unfamiliar places or use public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Set realistic goals or make plans independently of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Juggle tasks and prioritize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E. Responsibility and accountability						
Is work pace without the pressure of deadlines?				<input type="radio"/>	<input type="radio"/>	
Does the work involve occasional pressure to meet deadlines?				<input type="radio"/>	<input type="radio"/>	
Does the work involve periodic pressure to meet deadlines?				<input type="radio"/>	<input type="radio"/>	
Does the work involve significant pressures?				<input type="radio"/>	<input type="radio"/>	

b) Before the plan member stopped working, did the illness or injury cause him/her to change:

		Date (dd/mmm/yyyy)	Explanation
Job duties	<input type="radio"/> Yes <input type="radio"/> No		
Job performance	<input type="radio"/> Yes <input type="radio"/> No		
Equipment	<input type="radio"/> Yes <input type="radio"/> No		
Environment	<input type="radio"/> Yes <input type="radio"/> No		
Hours of work	<input type="radio"/> Yes <input type="radio"/> No		
Attendance	<input type="radio"/> Yes <input type="radio"/> No		

13 Other information

Please provide any additional information that you believe should be considered in assessing this plan member's claim.

14 Declaration

I certify that the information in this form is true and complete, to the best of my knowledge.

Authorized signature		Title
Telephone	Date (dd/mmm/yyyy)	

The information in this statement will be kept in a group life, health, or disability benefits file with Manulife and might be accessible by the plan member or third parties to whom access has been granted or those authorized by law. By providing the information you consent to such unedited release of any information contained herein.