Early Referral Services
Employer Statement

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.

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Job information

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

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

☐	Sedentary	Mostly sitting, limited bending, reaching or climbing. Involves handling loads or exerting force up to 10lbs/4.5kgs occasionally. For example: • Examining and analyzing financial information • Administering and marking written tests
☐	Light	Sitting and standing/walking. Occasional bending/stooping, reaching or climbing. Involves handling loads or exerting force between 10lbs/4.5 kgs and 2lbs/9.1 kgs occasionally. For example: • Preparing and cooking meals • Filing materials in drawers and storage boxes
☐	Medium	Standing/walking, occasional sitting. Frequent bending/stooping, reaching, climbing. Involves handling loads or exerting force between 20lbs/9.1kgs and 50lbs/22.7kgs occasionally. For example: • Measuring, cutting and applying wallpaper • Adjusting, repairing or replacing mechanical or electrical components using hand tools
☐	Heavy	Mostly standing/walking. Frequent bending/stooping, reaching, climbing. Involves handling loads or exerting force up to 100lbs/45.4kgs occasionally. For example: • 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?

☐	Low	Repetitive work or work requiring minimal concentration, organization, decision making and/or multi-tasking with basic communication or social interaction. For example: • Stocking shelves • Ticket taking, greeting customers • Light labor or cleaning
☐	Moderate	Routine work involving some concentration, organization, decision making and/or multi-tasking, communication or social interaction. For example: • Quality reviews using a checklist • Handling customer purchases with a variety of payment methods • Answering phones and directing calls
☐	Moderately high	Detailed work involving a significant level of concentration, organization, decision making, multi-tasking, communication or social interaction. • Examining and analyzing financial information • Operating heavy machinery • Driving to customer locations daily for sales/service appointments
☐	High	Specialized, detailed work or safety critical positions involving an extensive level of concentration, organization, decision making, multi-tasking and communication. For example: • Examining patients and administering testing/treatment • Public transportation, public safety

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	☐	☐	☐	☐	☐
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.

Clear