

**To be completed by the Employee's Immediate supervisor or Foreman**

**Important:**

The completed Employer's part A, part B and Employee's Statements are required before claim assessment can commence. Please ensure they are completed and forwarded to Plannera – Benefits at least 13 weeks prior to the end of qualifying period. **Benefits may be delayed if this guide is submitted later than 13 weeks prior to the end of the Elimination Period.** Canada Life's Privacy Guidelines and applicable law allow claimants 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 claimant.

**EMPLOYEE IDENTIFICATION**

Name: First _____	Initial _____	Last _____	CL Employee I.D. Number _____
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**DISABILITY / REHABILITATION**

Was the employee's work impacted prior to their leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate date (MM/DD/YY): _____  If the employee could return to work part-time or less demanding work, would such work be available? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: _____ _____	Were any changes made in the employee's job duties as a result of the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain what the changes were and when they were made: _____ _____ _____
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**JOB INFORMATION**

Employee's job title as of last day worked _____	How long has the employee worked in this position? Years _____ Months _____																																						
What are the duties in this job, and what percentage of time does each take per week?  <table style="width:100%;"> <tr> <th style="width:35%;">Duties</th> <th style="width:10%;">Percentage of time per week</th> </tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	Duties	Percentage of time per week	_____	_____	_____	_____	_____	_____	_____	_____	<b>Work Environment:</b> Does the employee's job require work in any of the following conditions? <table style="width:100%; text-align: center;"> <tr> <th></th> <th>YES</th> <th>NO</th> <th>% of TIME</th> </tr> <tr> <td>outside?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>in extreme cold or heat?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>in a damp or humid environment?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>in a noisy environment?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>in a dusty or unventilated environment?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>in toxic fumes?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table> Does the job involve handling chemicals? If so, please list: _____ _____		YES	NO	% of TIME	outside?	<input type="checkbox"/>	<input type="checkbox"/>	_____	in extreme cold or heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____	in a damp or humid environment?	<input type="checkbox"/>	<input type="checkbox"/>	_____	in a noisy environment?	<input type="checkbox"/>	<input type="checkbox"/>	_____	in a dusty or unventilated environment?	<input type="checkbox"/>	<input type="checkbox"/>	_____	in toxic fumes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
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When completing the sections regarding "Strength" and "Mobility", please check the space that appropriately describes the **percentage of time** that the employee is engaged in the task during the course of their **normal** routine.

<b>Strength:</b> Does the job require the employee to lift or carry: <table style="width:100%; text-align: center;"> <tr> <th></th> <th>N/A</th> <th>1-25%</th> <th>25-50%</th> <th>50-75%</th> <th>75-100%</th> </tr> <tr> <td>up to 50 lbs / 22.7 Kg?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>up to 20 lbs / 9.1 Kg?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>up to 10 lbs / 4.5 Kg?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <b>Communication:</b> How much of the employee's time is spent: talking? _____ % writing? _____ % supervising other people? _____ %		N/A	1-25%	25-50%	50-75%	75-100%	up to 50 lbs / 22.7 Kg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	up to 20 lbs / 9.1 Kg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	up to 10 lbs / 4.5 Kg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mobility:</b> Does the job involve: <table style="width:100%; text-align: center;"> <tr> <th></th> <th>N/A</th> <th>1-25%</th> <th>25-50%</th> <th>50-75%</th> <th>75-100%</th> </tr> <tr><td>walking?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>climbing?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>driving: Daytime?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Nighttime?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>reaching: above shoulder height?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>at shoulder height?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>below shoulder height?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>bending or crouching?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>kneeling or crawling?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>		N/A	1-25%	25-50%	50-75%	75-100%	walking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	climbing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	driving: Daytime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nighttime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reaching: above shoulder height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	at shoulder height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	below shoulder height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bending or crouching?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kneeling or crawling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Endurance:</b> Please check the time frame which most accurately reflects the amount of time the employee is required to maintain the following activities before changing position or activity.  <table style="width:100%;"> <tr> <th></th> <th>Sitting at</th> <th>Standing at</th> <th>Driving at</th> </tr> <tr><td>0 - 30 minutes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>30 - 60 minutes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>60 - 90 minutes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>more than 90 minutes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>		Sitting at	Standing at	Driving at	0 - 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 - 60 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60 - 90 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	more than 90 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please specify the total hours that would be spent in an average day:  <table style="width:100%;"> <tr> <th></th> <th>Sitting</th> <th>Standing</th> <th>Driving</th> </tr> <tr><td>0 - 2 hours</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>2 - 4 hours</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>4 - 6 hours</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6 - 8 hours</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>		Sitting	Standing	Driving	0 - 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 - 4 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 - 6 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 - 8 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																												
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**Plannera Disability Income Plan  
Application for Group Long Term Disability Benefits -  
Employer's Statement - Part B**

**To be completed by the Employee's Immediate supervisor or Foreman**

**JOB INFORMATION (continued)**

**Equipment Use:** Please list any office machines, tools, or other equipment that the employee uses in this job. You may provide your response in terms of the number of times the equipment is used per day or the percentage of time spent using the equipment, whichever is more applicable.

Type of Equipment	Times / Day	Percentage of Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DECLARATION**

I HEREBY DECLARE THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE ACCURATE AND COMPLETE.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_