

Employer Checklist



Applying for the Disability Income Plan

1. Employee Name:

2. Employer:

- Disability Income Plan Enrolment Form**
- Application for Long-Term Disability Benefits - Employer Statement**
- Employee Salary History** (required for any employment status, other than permanent full-time)
- Accumulation of the Qualification Period - Non Consecutive Basis Form** (required if employee does not serve a consecutive qualification period)
- Attending Physicians Initial Disability Benefits Statement** (Can be submitted by Employee or Employer on behalf of Employee)
- Supporting Medical Information** (Can be submitted by Employee or Employer on behalf of Employee)
- Job Demands Checklist/ Position Description**
- Group Life Insurance Plan Enrolment Form**
- Confirmation of Group Life & Disability Premiums Paid during Qualifying Period** (amounts remitted/date premiums paid to)

3. Forms can be found on our website:

[http://www.peba.gov.sk.ca/benefits/
disability-income-plan/plan-forms](http://www.peba.gov.sk.ca/benefits/disability-income-plan/plan-forms)