



# Employer Statement

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

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

**Please see page 2 for instructions.**

The Manufacturers Life Insurance Company (Manulife)

GL3865E(84560) (06/2026)

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**Disability management**

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

Be sure to let the plan member/employee know if your organization is able to provide transitional work duties and who the plan member/employee can talk to, confidentially, about their specific accommodation needs.

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**Employer instructions**

- **Please print clearly; answer all applicable questions; sign and date the form.**
  - Ensure the "Work information" section on page 7 is completed and signed by **plan member/employee's supervisor**.
  - Submit this form to the address below, **6 to 8 weeks prior to LTD eligibility date**, or as soon as it is known that the plan member/employee is not expected to return to work before the qualifying period has expired, even if the plan member/employee has applied, or been accepted for any type of workers' compensation benefits.
  - Provide the plan member/employee with a Member/Employee Statement form and an Initial Disability Insurance Medical Statement form for the family physician or attending specialist. Ask the plan member/employee to complete the "Patient information and consent" section on page 1 of the Initial Disability Insurance Medical Statement form before they take it to their physician.
  - **Remind the plan member/employee to have their physician attach consultation, progress and test result reports to IMS form (Initial Disability Insurance Medical Statement).**
  - Help the plan member/employee understand the nature of the LTD coverage, what information is required and what costs, if any, are the plan member/employee's responsibility.
  - Advise plan member/employee 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/employee 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/employee and the plan member/employee'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/employee 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.

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**Employer checklist**

- Employee's Statement
  - Initial Disability Insurance Medical Statement
  - Copies of reports from Specialists
  - Copies of 444's
  - Job description
  - WCB correspondence
  - Payment information - print screen of payroll details (including deductions)
  - Completed Direct Deposit Form
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**Manulife Group Benefits**

Attention: Disability Claims  
P.O. Box 1030 Station Central  
Halifax, Nova Scotia B3J 2X5

Email: [group\\_disability\\_claims@manulife.ca](mailto:group_disability_claims@manulife.ca)

Tel: 1-800-565-0627

Fax: 1-866-292-9050

[www.manulife.ca/planmember](http://www.manulife.ca/planmember)

# Employer Statement Long Term Disability Claim

## Nova Scotia Public Service Long Term Disability Trust Fund

Halifax Group Disability Claim Office  
 P.O. Box 1030 Station Central  
 Halifax, Nova Scotia B3J 2X5

**1. Employer**

Plan number: 84560 Employer/Division: \_\_\_\_\_

Address (number, street and suite): \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone number: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax number: \_\_\_\_\_

**2. Plan member/employee identification**

Name (last, first, initial): \_\_\_\_\_

SIN: \_\_\_\_\_ Union  NSGEU  CUPE  Non-Union Division number: \_\_\_\_\_ Date of birth (dd/mmm/yyyy): \_\_\_\_\_

**3. Life coverage**

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

**Group Life Benefit:** Plan/Group number: \_\_\_\_\_ Division number: \_\_\_\_\_

Effective date of coverage (dd/mmm/yyyy): \_\_\_\_\_ Annual salary: \$ \_\_\_\_\_

Date of last increase (dd/mmm/yyyy): \_\_\_\_\_ Life coverage when last actively at work: \$ \_\_\_\_\_

Basic \$ \_\_\_\_\_  Dependent spouse \$ \_\_\_\_\_

Optional \$ \_\_\_\_\_  Optional spousal \$ \_\_\_\_\_

Dependent children \$ \_\_\_\_\_

**Group Accidental Death and Dismemberment benefit:** Plan/Group number: \_\_\_\_\_ Division number: \_\_\_\_\_

Effective date of coverage (dd/mmm/yyyy): \_\_\_\_\_ Amount of AD&D coverage: \$ \_\_\_\_\_

**Group Survivor Benefit:** Plan/Group number: \_\_\_\_\_ Division number: \_\_\_\_\_

Effective date of coverage (dd/mmm/yyyy): \_\_\_\_\_ Monthly survivor benefit amount: \$ \_\_\_\_\_

Type of coverage:  Spousal  Spousal and Children  Other (Specify): \_\_\_\_\_

**4. LTD coverage information**

a.) What was the date of hire? (dd/mmm/yyyy): \_\_\_\_\_

b.) On what date did LTD coverage become effective? (dd/mmm/yyyy): \_\_\_\_\_

c.) How many years of pensionable service?

d.) 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: \_\_\_\_\_

e.) What were the plan member/employee's work hours?  
 Full time  Part-time  Term  Seasonal  Relief  Contract  Other: \_\_\_\_\_ HRS/WK: \_\_\_\_\_

f.) What was the employment status prior to the disability date?  
 Actively employed **or**  Leave of absence  Disability leave Please provide effective date (dd/mmm/yyyy): \_\_\_\_\_  
 On layoff  Pensioned \_\_\_\_\_  
 Terminated \_\_\_\_\_

**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): \_\_\_\_\_

**5. Work schedule information (continued)**

b.) List any dates plan member/employee worked during the qualifying period.

c.) What is the return to work date?

Return to work date (dd/mmm/yyyy): \_\_\_\_\_  Actual  Expected  Unknown

**6. Plan member/employee's earnings and benefit information**

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

a.) What was the salary (for pension purposes) when the plan member was last at work?

Base salary/wage:

\$ \_\_\_\_\_

**Payment schedule:**

Hourly  Weekly  Bi-weekly  Semi-monthly  Monthly  Annual

b.) Relief employee Total salary paid in the 26 pay periods immediately preceding the pay period in which the disability occurred:

\_\_\_\_\_

c.) What is the date of the last salary increase? Date of last salary increase (dd/mmm/yyyy): \_\_\_\_\_

d.) Please include payroll details print out with application.

Federal income tax: \_\_\_\_\_ CPP/QPP contribution: \_\_\_\_\_ Provincial income tax: \_\_\_\_\_ EI (formerly UIC): \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Frequency:**  Weekly  Bi-weekly  Monthly  Semi-monthly  Annual

**7. Tax information**

Please provide the following information, **or** a completed TD1 or TP1.

a.) Net claim code for income tax purposes.

TD1: \_\_\_\_\_ TP1: \_\_\_\_\_ Member/employee's province of residence for income tax purposes: \_\_\_\_\_

**8. Additional earnings**

a.) Please indicate if any of the following have been paid (or are payable) since date plan member/employee last worked.

|                       | Paid/Payable                                       | Amount   | Period (dd/mmm/yyyy) |             |
|-----------------------|--|----------|----------------------|-------------|
| Salary continuance    | <input type="radio"/> Yes <input type="radio"/> No | \$ _____ | To: _____            | From: _____ |
| Sick leave            | <input type="radio"/> Yes <input type="radio"/> No | \$ _____ | To: _____            | From: _____ |
| Vacation pay          | <input type="radio"/> Yes <input type="radio"/> No | \$ _____ | To: _____            | From: _____ |
| Short Term disability | <input type="radio"/> Yes <input type="radio"/> No | \$ _____ | To: _____            | From: _____ |
| Severance             | <input type="radio"/> Yes <input type="radio"/> No | \$ _____ | To: _____            | From: _____ |
| Commission/Bonus      | <input type="radio"/> Yes <input type="radio"/> No | \$ _____ | To: _____            | From: _____ |
| Retirement pension    | <input type="radio"/> Yes <input type="radio"/> No | \$ _____ | To: _____            | From: _____ |
| Other: _____          | <input type="radio"/> Yes <input type="radio"/> No | \$ _____ | To: _____            | From: _____ |

**9. 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:

\$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly

d.) Is the plan member/employee receiving any other type of workers' compensation income?  Yes  No

Permanent award: \_\_\_\_\_ Effective date (dd/mmm/yyyy): \_\_\_\_\_

\$ \_\_\_\_\_

Workers' compensation board supplements: \_\_\_\_\_ Effective date (dd/mmm/yyyy): \_\_\_\_\_

\$ \_\_\_\_\_

Lump sum settlement: \_\_\_\_\_ Payment period: \_\_\_\_\_

\$ \_\_\_\_\_

**10. Disability management contact**

What is the name, job title and phone number of the person responsible for disability management involved in disability absences?  N/A

Name: \_\_\_\_\_ Job title: \_\_\_\_\_ Phone number: \_\_\_\_\_ Ext. \_\_\_\_\_

**Return to work contact**

What is the name, job title and phone number of the person in your organization we should contact to facilitate a return to work once this plan member/employee's abilities and limitations are known?

Name: \_\_\_\_\_ Job title: \_\_\_\_\_ Phone number: \_\_\_\_\_ Ext. \_\_\_\_\_

**11. Other information**

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

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

**12. Declaration**

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

Employer/Human Resources Representative's signature: \_\_\_\_\_ Title: \_\_\_\_\_

Employer/Human Resources Representative's phone number: \_\_\_\_\_ Date (dd/mmm/yyyy): \_\_\_\_\_

The information in this statement will become part of a Group Life and Health Benefits file which might be accessible by the plan member/employee or third parties to whom access has been granted or those authorized by law.

**Note: Please see next page and ensure the remainder of this form is completed.**

**Please ensure that the remainder of  
this form is completed by the  
plan member/employee's supervisor.**

**Sections 13 - 17 may be separated  
from the rest of the form, if required.**

A separate fillable file is available for the supervisor section.



## 15. Job requirements

a.) In this section we are gathering information about the plan member/employee'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                | Infrequent            | Occasional            | Frequent              | Constant                         |                                |                                |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|--------------------------------|--------------------------------|
|  |                       | (< 1 Hr.)             | (1 - 2 Hrs.)          | (2 - 4 Hrs.)          | (4 - 6 Hrs.)          | (> 6 Hrs.)                       |                                |                                |
| Sitting  | <input type="radio"/> | <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                | 11 - 20               | 21 - 50               | > 50                  | Frequency                        |                                |                                |
|  |                       | lbs                   | lbs                   | lbs                   | lbs                   |                                  |                                |                                |
| 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 | <input type="radio"/> Constant |
| 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 <input type="radio"/> utilized <input type="radio"/> available <input type="radio"/> N/A |                       |                       |                       |                       |                       |                                  |                                |                                |
| <b>Is your plan member /employee required to work in any of the following conditions?</b>                      |                       |                       |                       |                       |                       |                                  | <b>Yes</b>                     | <b>No</b>                      |
| 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/employee able to change position as comfort requires?                                       |                       |                       |                       |                       |                       |                                  | <input type="radio"/>          | <input type="radio"/>          |

Continued on the next page.

**15. Job requirements (continued)**

a.) In this section we are gathering information about the plan member/employee'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.

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

|  |   | <b>Seldom</b>         | <b>Infrequent</b>     | <b>Occasional</b>     | <b>Frequent</b>       | <b>Constant</b>       |
|--|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Psychological Demands of Job</b>                          | <b>A. Understanding and memory</b>                          |                       |                       |                       |                       |                       |
|  | 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>B. Sustained concentration and persistence</b>           |                       |                       |                       |                       |                       |
|  | 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"/> |
|  | <b>C. Social interaction</b>                                |                       |                       |                       |                       |                       |
|  | 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"/> |
|  | <b>D. Adaptation</b>  |                       |                       |                       |                       |                       |
|  | 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"/> |
| <b>E. Responsibility and accountability</b>                  |   |                       |                       | <b>Yes</b>            | <b>No</b>             |                       |
| 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/employee stopped working, did the illness or injury cause them to change:

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

**16. Other information**

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

**17. 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 become part of a Group Life and Health Benefits file which might be accessible by the plan member/employee or third parties to whom access has been granted or those authorized by law.