

IMPORTANT : AS SOON AS AN EMPLOYEE IS ABSENT FROM WORK AND IS ELIGIBLE FOR DISABILITY BENEFITS, OR QUALIFIES FOR WAIVER OF PREMIUM, PLEASE TRANSMIT THIS FORM TO THE INSURER IMMEDIATELY. ANY INITIAL REQUEST SHOULD INCLUDE AN EMPLOYER'S DECLARATION, EMPLOYEE'S DECLARATION AND ATTENDING PHYSICIAN'S STATEMENT DULY COMPLETED AND SIGNED.

- SHORT TERM DISABILITY**
LONG TERM DISABILITY
WAIVER OF PREMIUM

EMPLOYER'S DECLARATION

GROUP	DIVISION	CLASS	CERTIFICATE
NAME OF EMPLOYEE		SURNAME	SOCIAL INSURANCE NUMBER
OCCUPATION PLEASE INDICATE THE PRINCIPAL FUNCTIONS AND RESPONSIBILITIES, AND ATTACH A COPY OF THE JOB DESCRIPTION, IF POSSIBLE.			

DATE EMPLOYED <small>D M Y</small>	EMPLOYEE'S WEEKLY GROSS SALARY _____ \$ REGULAR WEEK HOURS _____	SINCE WHAT DATE <small>D M Y</small>		
LAST DAY WORKED FULL TIME DATE <small>D M Y</small> HOUR _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>				
PART TIME DATE <small>D M Y</small> HOUR _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>				
DEDUCTIONS : <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER : _____				
	EXEMPTION CODE	INCOME TAX WITHHELD	CONTRIBUTIONS QPP / CPP	UNEMPLOYMENT INSURANCE
FEDERAL				
PROVINCIAL				

HAS THE EMPLOYEE RETURNED TO WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, INDICATE DATE <small>D M Y</small>	
HAS THE EMPLOYEE RETURNED TO HIS REGULAR OCCUPATION FOR AT LEAST 20 HOURS A WEEK? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NO, EXPLAIN : _____	
IS THE DISABILITY DUE TO A WORK RELATED INJURY OR ILLNESS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS A DISABILITY CLAIM BEEN FILED WITH WORKERS' COMPENSATION BOARD?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, HAS THE CLAIM BEEN ACCEPTED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IS THE CERTIFICATE TERMINATED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, SINCE WHAT DATE? <small>D M Y</small>	
IN YOUR OPINION IS THIS REQUEST JUSTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NOT, EXPLAIN _____	

DATE	NAME OF EMPLOYER
BY	TITLE