UV INSURANCE

GROUP INSURANCE

Disability Insurance Claim - Employer

Important: When an employee is absent from work and may be entitled to disability benefits, or qualify for waiver of premiums, please forward this form to the insurer as soon as possible. An initial claim must include a completed and signed employer's statement, employee's statement and attending physician's statement.

☐ Short Term Disability ☐ Long Term Disability ☐ Disability Waiver of Premium

Section A – Collection, Use and Disclosure of Personal Information

Through this form, UV Insurance collects necessary personal information regarding health status, medical history and eligibility for benefits.

The personal information is used to:

- Identify the individual
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

Section B – Identification

1. Group # _____ Division _____ Class _____ Certificate # _____
2. Last name _____ First name _____
3. Social insurance number* ___ ___ ___
4. Regular occupation _____

* Complete if the claim is taxable.

Section C – Income

1. Date of employment Y M D
2. Employee's gross weekly earnings $ _____
3. Since what date? Y M D
4. Commission-based? ☐ Yes ☐ No If **Yes**, provide T4s for the last 2 years
5. **Last day at work**
   - ☐ Full-time Date Y M D Time ☐ AM ☐ PM
   - ☐ Last day paid Date Y M D Time ☐ AM ☐ PM
6. **Working days/Standard week**
   - ☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT
   - Number of hours worked in a normal week _____ hours

Section D – Employer's Statement

1. Were job accommodations made before the employee went on sick leave? ☐ Yes ☐ No
   If **Yes**, specify since what date Y M D
   Type of accommodations _____
2. Did the employee maintain a schedule of at least 21 hours per week? ☐ Yes ☐ No
   If **No**, explain _____
3. Was the employee absent more than normal in the weeks or months before going on sick leave? ☐ Yes ☐ No
   If **Yes**, explain _____
4. Do you think this claim is justified? ☐ Yes ☐ No
   If **No**, explain _____
5. Are there other factors that may influence the return to work (work-related, personal, etc.)? ☐ Yes ☐ No
   If **Yes**, explain _____
6. Has the employee been laid off/suspended/disciplined? ☐ Yes ☐ No
   If **Yes**, explain _____
7. Has the employee returned to work? ☐ Yes ☐ No
   If **Yes**, indicate the date Y M D Number of hours _____ /week
8. Has the employee ever submitted a disability claim? ☐ Yes ☐ No
   If **Yes**, indicate the period of absence from Y M D to Y M D
9. Is the disability due to a work-related illness or injury? ☐ Yes ☐ No
10. Has a claim been submitted to the CNESST / IVAC / SAAQ? ☐ Yes ☐ No
    If **Yes**, was the claim approved? ☐ Yes ☐ No
11. Is the certificate cancelled? ☐ Yes ☐ No
    If **Yes**, since what date Y M D
12. Could work-related factors have contributed to this disability or impact the employee's return to work? ☐ Yes ☐ No
    If **Yes**, explain:

Section E – Job Description and Requirements

1. List the main tasks of the employee's occupation and indicate the percentage of time spent per day*

Tasks	%

*** Please attach job description if available**

Section E – Job Description and Requirements (cont.)

Work environment

2. What is the employee's workplace? ☐ Office ☐ Home ☐ Elsewhere

3. What environmental factors apply to the employee's job?

Environmental factors	Never	Occasional (1% to 33%)	Frequent (34% to 66%)	Constant (67% to 100%)
Working outdoors	☐	☐	☐	☐
Extreme cold or heat	☐	☐	☐	☐
Wet environment	☐	☐	☐	☐
Dust	☐	☐	☐	☐
Hazardous products	☐	☐	☐	☐
Toxic fumes	☐	☐	☐	☐
Vibration	☐	☐	☐	☐

4. Identify the equipment/tools used by the employee in performing their job duties over the course of a day.

Equipment/tools	%

Physical demands

5. Select the items and indicate the frequency with which the employee performs these activities.

Tasks	Never	Occasional (1% to 33%)	Frequent (34% to 66%)	Constant (67% to 100%)	Comments
Bending / squatting	☐	☐	☐	☐	
Turning at the waist	☐	☐	☐	☐	
Gripping objects	☐	☐	☐	☐	
Using a keyboard	☐	☐	☐	☐	
Repetitive use of hands/arms	☐	☐	☐	☐	
Climbing	☐	☐	☐	☐	
Walking	☐	☐	☐	☐	
Crawling / kneeling	☐	☐	☐	☐	
Standing	☐	☐	☐	☐	
Sitting	☐	☐	☐	☐	
Driving	☐	☐	☐	☐	

Physical Requirements –Handling Loads

6. Select the frequency and indicate the usual and maximum weights.

Tasks	Never	Occasional (1% to 33%)	Frequent (34% to 66%)	Constant (67% to 100%)	Usual weight (lb/kg)	Maximum weight (lb/kg)
Pushing	☐	☐	☐	☐		
Pulling	☐	☐	☐	☐		
Lifting / carrying	☐	☐	☐	☐		
Taking an object at shoulder height	☐	☐	☐	☐		
Below shoulder height	☐	☐	☐	☐		
Above shoulder height	☐	☐	☐	☐		

Section E – Job Description and Requirements (cont.)

Cognitive requirements

7. Does the employee have to work directly with colleagues? ☐ Yes ☐ No

If **Yes**, _____ % per day

8. Is the employee primarily based on productivity? ☐ Yes ☐ No

9. Does the employee have any direct reports? ☐ Yes ☐ No

If **Yes**, specify how many: _____

10. Is the employee responsible for decision-making? ☐ Yes ☐ No

If **Yes**, are there any financial risks associated with these decisions? ☐ Yes ☐ No

11. Does the employee have to analyze and solve problems? ☐ Yes ☐ No

If **Yes**, specify the number of times _____ per day and/or percentage of time _____ %

12. Is multi-tasking a necessity? ☐ Yes ☐ No

If **Yes**, specify the number of times _____ per day and/or percentage of time _____ %

13. What is the percentage of time spent on the following activities?

Speaking _____ % Writing _____ % Supervising _____ %

Accommodation

14. Are there any other jobs within your company for which the employee maybe considered qualified? ☐ Yes ☐ No

If **Yes**, please specify _____

15. Is working remotely allowed? (Full-time/part-time/hybrid) ☐ Yes ☐ No

If **Yes**, please specify: _____

16. Can you accommodate job duties and/or offer a gradual return? ☐ Yes ☐ No

If **Yes**, please detail possible measures _____

17. Are ergonomic adaptations (chair, workstation, accessories) available? ☐ Yes ☐ No

18. Are specialized technology tools (software, aids, etc.) available? ☐ Yes ☐ No

Section F – Consent and Signature

By signing, the person authorized for this group understands that in the event any of the employee's personal information is inaccurate, incomplete, or ambiguous, the employee may request a correction by contacting UV Insurance. The employee also has the right to request information about how their personal information is used.

In addition, the employee may withdraw their consent to the disclosure or use of personal information at any time by contacting the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy**.

Signature of authorized person

- I confirm that I have reviewed the above information and declare that I am acting in accordance with the privacy laws and regulations;
- I certify that I have obtained the employee's consent to the collection, use, and disclosure of their personal information contained herein;
- I confirm that the information in this form is accurate.

X _____ _____ Date Y M D

Signature of authorized person | Signatory's name in block letters

Company name _____ Title of authorized person _____

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