**Submit online:**
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Complete and save the form on your computer first.
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**By mail:**
PO Box 1203 STN A
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**By fax:**
1-844-409-6571 (toll free)
416-926-0697
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Desjardins Insurance
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GROUP INSURANCE - DISABILITY CLAIMS

# DISABILITY OR WAIVER OF PREMIUM CLAIM
## EMPLOYER STATEMENT

## A - IDENTIFICATION
**We are unable to assess this claim unless all questions are answered completely.**

| EMPLOYEE Last name and first name | | Certificate or identification no. | Social insurance no.* |
|---|---|---|---|
| James | Rhyan | | 544-250-350 |

| Address of employee - No., street, apt. | City | Province | Postal code |
|---|---|---|---|
| 410 James Avenue | Timmins | ON | P4N 5T2 |

Telephone no.: ( 705 ) 2 7 2 8 2 1 4 — E-mail address: rhyanjdjames@gmail.com

| POLICYHOLDER OR EMPLOYER Name | Policy or group or contract no. | Division no. |
|---|---|---|
| CINUP | 641028 | |

| Address of policyholder or employer - No., street, suite | City | Province | Postal code |
|---|---|---|---|
| 1805 Arthur St E | Thunder Bay | ON | P7E 2R6 |

Telephone no.: ( 807 ) 6 2 2 - 1 4 1 3 — Fax no.: ( ) -

**COMPLETE IF SELF-ADMINISTERED:** **Effective date of coverage:** (YYYY MM DD) **Class no.:**

* Social insurance number is necessary only if the disability claims are taxable.

## B - GENERAL INFORMATION
**If the benefits are taxable, the basic tax deductions will be made. In all other cases, please provide the appropriate tax forms.**

**1** Current salary — Amount
☐ Weekly ☐ Monthly ☑ Every two weeks — $ 1,961.54

**2** Salary effective date (YYYY MM DD): 2021-08-09

**3** Job status
☑ Full time ☐ Part time

**4** Indicate days in normal work week
☐ SUN ☑ MON ☑ TUE ☑ WED ☑ THU ☑ FRI ☐ SAT

Hours worked per week: 35.00

**5** Type of schedule
☐ Variable ☑ Rotating

**6** Premium paid by
☑ Employer ☐ Employee ☐ Both

**7** Date of employment (YYYY MM DD): 2021-08-09

**8** Occupation: Bail Verification Worker

**9** Date last worked (YYYY MM DD): 2022-11-02 — No. of hours worked: 7.00

**10** Is disability due to an accident? ☐ Yes ☑ No — **If "Yes"**, date of accident: (YYYY MM DD)

**11** Did or will the employee receive any income during the disability period? ☐ Yes ☑ No — **If "Yes"**, indicate below:
(Type: holiday pay, maternity, disability, EI benefits, salary, lump sum, other)
**Type:** **Amount:** $ **Period:**

**12** If the employee is pregnant, has an application for a preventive withdrawal been, or will it be, submitted to the CNESST (Québec only)? ☐ Yes ☐ No

**13** Has a claim been filed with a government agency? ☐ Yes ☑ No — **If "Yes"**, indicate below:
☐ CNESST / WCB / WSIB / WHSCC ☐ CPP / QPP ☐ SAAQ (Québec only)
☐ Other, specify:
**Date Filed:** (YYYY MM DD) **Decision Rendered:** (YYYY MM DD) **Amount:** $

**14** Has the employee returned to work? ☐ Yes ☑ No — **If "Yes"**, on what date? (YYYY MM DD)

**15** Is this person still in your employ? ☑ Yes ☐ No - Termination date: (YYYY MM DD) Reason:

**16** Was this person given a record of employment? ☐ Yes ☑ No

**17** Are there any work-related factors that may have contributed to the employee's disability or had an impact on their return-to-work?
☑ No ☐ Yes - Please specify:

**18** Is your employee eligible for an exemption under the Indian Act (R.S.C. (1985), c. I-5)? ☐ Yes ☑ No
If so, please indicate the percentage of employment income that is not taxable: %

**PLEASE COMPLETE THE BACK OF THE FORM.**

## C - PHYSICAL WORK ENVIRONMENT

**Please attach a brief job description if available.**

**1** What are the main duties of the employee's job and how much time is allocated to each one weekly?

| | | | | | |
|---|---|---|---|---|---|
| **Duties** | bail intake and court attendance | 35 % | **Duties** | administrative duties (file upkeep and database) | 15 % |
| **Duties** | supervision and follow up with clients | 25 % | **Duties** | outreach | 25 % |

**For questions 2 and 3, FREQUENCY is defined as follows:**

**OCCASIONALLY: 0-15 % of the times** **FREQUENTLY: 16-50 % of the time** **ALWAYS: 51 % + of the time**

**2** Work environment - Does the employee's job require work in any of the following conditions?

| FREQUENCY: | O | F | A |
|---|---|---|---|
| ☐ Outside | ☐ | ☐ | ☐ |
| ☐ In extremes of cold or heat | ☐ | ☐ | ☐ |
| ☐ In a damp or humid environment | ☐ | ☐ | ☐ |
| ☐ Toxic fume | ☐ | ☐ | ☐ |
| ☐ Above or below ground level | ☐ | ☐ | ☐ |
| ☐ Handling chemicals | ☐ | ☐ | ☐ |

Does the job involve other hazards? ☐ Yes ☑ No **If "Yes"**, please list:

**3** Check the items below that relate to the employee's job, and complete the information requested.

| FREQUENCY: | O | F | A |
|---|---|---|---|
| ☑ Standing | ☑ | ☐ | ☐ |
| ☑ Walking | ☑ | ☐ | ☐ |
| ☑ Sitting | ☐ | ☐ | ☑ |
| ☐ Keeping one's balance | ☐ | ☐ | ☐ |
| ☑ Bending over | ☑ | ☐ | ☐ |
| ☐ Kneeling | ☐ | ☐ | ☐ |
| ☐ Crouching | ☐ | ☐ | ☐ |
| ☐ Crawling | ☐ | ☐ | ☐ |
| ☐ Extending/reaching above head | ☐ | ☐ | ☐ |
| ☐ Climbing | ☐ | ☐ | ☐ |
| ☐ Stairs (No. of steps _____) | ☐ | ☐ | ☐ |
| ☐ Ladders (Height _____) | ☐ | ☐ | ☐ |

| DESCRIBE ACTIVITY AND SPECIFY FREQUENCY AND WEIGHT: | FREQUENCY: O | F | A | WEIGHT: | |
|---|---|---|---|---|---|
| ☐ Pushing | ☐ | ☐ | ☐ | | ☐ Lb ☐ Kg |
| ☐ Pulling | ☐ | ☐ | ☐ | | ☐ Lb ☐ Kg |
| ☑ Lifting/carrying paper files | ☑ | ☐ | ☐ | 5 | ☑ Lb ☐ Kg |

Please list any office equipment, motor vehicle, tools or other equipment that is used in the employee's job.

| Type of equipment | Times per day |
|---|---|
| computer, phone, printer | |
| | |

**4** Does the employee work in an extremely noisy environment, have to work at a fast pace, do repetitive movements or have short deadlines? ☐ Yes ☑ No

**If "Yes"**, please specify:

**5** Does the employee's job require dexterity? ☑ Yes ☐ No

**If "Yes"**, please specify: nnes to be able to writer, type on the computer and use a smart phone.

## D - ADDITIONAL INFORMATION

## SIGNATURE OF THE AUTHORIZED PERSON

Colette Shwetz — Last name and first name of the authorized person (IN BLOCK LETTERS)

Human Resources Manager — Position

cshwetz@nanlegal.on.ca — E-mail address

**Signature**

**Date**

SAVE | PRINT | NEW REQUEST