



CINUP EMPLOYER QUESTIONNAIRE

Employee's Name Megan Wood

Certificate Number 0063471949

Policy Number Choose One

We've been notified of your employee's medical leave of absence. In order to help the Disability Claims Specialist understand your employee's needs and provide the appropriate resources to facilitate their return to work, we require some additional information from you. Please complete the following questions below and return this form to CINUP as soon as possible. Please note that the information you provide to CINUP/Desjardins is confidential and will not be shared with your employee.

1. Please confirm employee's last physical date worked? 2022-09-23

2. Were changes made to the job duties/workload/location/environment prior to the current absence? If not, are such changes expected in the near future?

There was no significant changes in Megan's duties/workload/location or environment prior to her absence. Megan's duties often fluctuate, but her manager works closely with her to assist and guide her.

3. Did you notice any change in their performance or attendance prior to their last day of work? Was this situation discussed with them? What was the employee's reaction?

Megan had no prior performance or attendance issues.

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4. Were there any workplace conflicts or disciplinary action taken in the past few months? If so, please explain.

Megan was not involved in any workplace conflicts, nor did she receive any disciplinary action against her in the past few months.

5. Upon receiving medical clearance, if the employee requires a workplace accommodation such as light duties or partial hours, can you accommodate?

We will absolutely accommodate Megan, should her health practitioner recommend accommodations.

6. Do you have any concerns with regards to this claim or is there any other information you would like considered when the claim is reviewed?

I have no concerns with regards to Megan's claim. She has been a great employee and we intend to work with her health care provider in assisting Megan with a safe return work.

Name of authorized person Colette Shwetz Title HR Manager

Signature  Date 2022-11-02