

# Disability Job Demands Questionnaire

## SunAdvantage



Sun Life commits to keeping plan members' personal information confidential.

The plan sponsor completes this questionnaire. If the plan member will be absent for 4 weeks or more, send this with the Plan Sponsor's Statement.

The information on this questionnaire is for the assessment of the plan member's absence from work. This questionnaire forms part of the plan member's disability claims file. We will release this questionnaire to the plan member if they request their file.

### 1 Plan Member information

Contract number	Sub./Class	Member ID	Division/Billing group number
Last name (Quebec residents – maiden name)		First name	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy)	Company name	
Regular occupation title/Job name			

### 2 Work environment and job activities

**The remainder of this form asks for information on the plan member's specific job duties and should be completed by the plan member's immediate supervisor.**

Attach extra sheets, if necessary.

If there is a prepared job description, please attach it to this form.

1. Does the plan member's job require work in any of the following conditions:

Outside	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what percentage of time?	<input type="text"/> %
In extremes of cold or heat	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what percentage of time?	<input type="text"/> %
In a damp or humid environment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what percentage of time?	<input type="text"/> %
In a noisy environment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what percentage of time?	<input type="text"/> %
In a dusty or unventilated environment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what percentage of time?	<input type="text"/> %
Around toxic fumes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what percentage of time?	<input type="text"/> %

2. Does the plan member's job involve handling chemicals?  No  Yes If yes, please list the chemicals below.


3. During the plan member's normal routine, what percentage of time does the job require the member to lift or carry the following weights?

	Never	1 to 25%	25 to 50%	50 to 75%	75 to 100%
More than 50 lbs/22.7 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 20 lbs/9.1 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 10 lbs/4.5 kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2 Work environment and job activities (continued)**

4. During the plan member's normal routine, what percentage of time does the job involve the following activities?

	Never	1 to 25%	25 to 50%	50 to 75%	75 to 100%
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nighttime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending or crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling or crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How much time is the plan member required to maintain the following activities before changing position or activity?

	0 to 30 minutes	30 to 60 minutes	60 to 90 minutes	More than 90 minutes
Sitting at one time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing at one time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving at one time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. During the average day, what is the number of hours the plan member spends in the following positions or activities?

	0 to 2 hours	2 to 4 hours	4 to 6 hours	6 to 8 hours
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please list any machines, tools, or other equipment that the plan member uses on the job. You can either list the number of times per day the equipment is used or the percentage of time spent using the equipment, whichever is more applicable.

Type of equipment	Number of times per day OR Percentage of time

8. Cognitive/non-physical aspects of the job

- Does the plan member have to answer complaints?  Yes  No
- Is the plan member primarily evaluated on production?  Yes  No
- Does the plan member work closely with co-workers?  Yes  No
- Is the plan member responsible for the performance objectives/decision-making within his/her particular department?  Yes  No

Number of people this plan member supervises:

What percentage of the plan member's time is spent in the following activities?

Talking	Writing	Supervising other people
%	%	%

## 2 Work environment and job activities (continued)

Please list any other relevant aspects of the job that may be considered stressful.


## 3 Additional remarks

Please provide any additional information that may be relevant to this claim which has not been previously provided.


## 4 Declaration

I certify that the statements in this form are true and complete.

Last name of person signing this statement (please print)	First name
Position of person signing this statement (please print)	
Authorized signature X	Date (dd-mm-yyyy)
Telephone number	Fax number

To ensure prompt submission, please fax this form, along with any other information in support of the plan member's claim, to the number that appears below for the Sun Life Group Disability Management Office that manages your claims. Please retain the original copy for your records. You do not need to mail information that you fax. If you are unable to fax this information, you can mail it to the appropriate address.

If you live in the Atlantic provinces, Quebec or Ottawa

**Montreal:**

**Fax: 1-866-639-7846**

PO Box 11037 Stn CV

Montreal QC H3C 4W8

For all other provinces or territories

**Kitchener - Waterloo:**

**Fax: 1-866-209-7215**

PO Box 100 Stn C

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