

**CHECKLIST**  
**Applying for Benefits under the Disability Insurance (DI) Plan**

There are **4 forms** included in your DI claim application package. All **4 forms** must be completed.

You can use the following checklist to ensure you have included all of the information. This will help to avoid delays in assessing your claim:

1. Complete the Employee’s Statement Form <b>490L-M-12500-E-04-19 (G6318-E)</b> <ul style="list-style-type: none"> <li>• Answer all questions on the form</li> <li>• Include a personalized ‘VOID’ cheque with your name pre-printed</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>
2. Ask your supervisor/manager to complete the Employer’s Statement Form <b>4841-E-04-19</b> Ensure your manager has included: <ul style="list-style-type: none"> <li>○ Your current job description</li> <li>○ Your leave records for the past 12 months, including an explanation of leave codes and your current sick leave balance</li> <li>• Ensure a copy of the form is sent to the <b>Public Service Pay Centre</b> or your departmental Compensation services with a request to complete the Compensation Advisor form</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
3. Ensure the Employer’s Statement Form completed by the Compensation Advisor <b>4811-E-04-19</b> is sent to Sun Life	<input type="checkbox"/>
4. Ask your physician to complete <u>one</u> of the three Attending Physician’s Questionnaire Forms: <b>490L-P-12500-MSK-E-08-18 (G6785-E)</b> - for Musculoskeletal-related conditions, <b>490L-P-12500-MHC-E-04-19 (G6784-E)</b> - for Mental Health-related conditions or <b>490L-P-12500-GEN-E-08-18 (G6783-E)</b> - for all other medical conditions <ul style="list-style-type: none"> <li>• Ensure your physician has included:             <ul style="list-style-type: none"> <li>○ A copy of their clinical notes from the time you stop working.</li> <li>○ A copy of all test results available</li> <li>○ If you’ve consulted with a specialist(s) for your condition, they must also include a copy of all consultation and assessment reports</li> </ul> </li> <li>• Ensure your physician has answered all questions on the form (must provide a diagnosis, disabling symptoms, a treatment plan and a prognosis)</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>

\*You must send all the above information to Sun Life **6 to 8 weeks** prior to the start of benefits.

**NOTE:** YOU MUST SEND ALL FORMS TO SUN LIFE VIA FAX OR MAIL TO THE FOLLOWING ADDRESS:

Montreal Group Disability Management Office  
 Federal Government Disability Insurance Plan  
 Sun Life Assurance Company of Canada  
 P.O. Box 12500 Station CV  
 Montreal, QC  
 H3C 5T6

Secure Fax: 1-866-639-7849

The assessment of your application will begin only when **all 4 forms** listed above are received by Sun Life. Sun Life will make a decision within **10 business days**. At the end of the assessment, you will receive one of three decisions:

- Approved application
- Declined application
- Application pending - awaiting additional information

**IMPORTANT:** What happens if any information is missing or the information provided is insufficient? Sun Life will not be able to make a decision until they receive the missing information that’s needed to complete the assessment.

Visit [www.sunlife.ca/DI](http://www.sunlife.ca/DI) for more information about the DI claim application process (**refer to the Employee Claim Guide**) and to get access to the application forms.