

Claim for Disability Insurance Employer's Statement completed by Compensation Advisor

Policy no. 12500-G

PROTECTED once completed. Ce formulaire est disponible en français.

Please read all instructions and information; make sure that all sections are complete and accurate or this claim will be returned to you.

This form asks for information on the employee's employment and coverage status. It must be completed by the Human Resources Officer or Compensation Advisor.

Sun Life Assurance Company of Canada (referred to in this form as Sun Life) must receive this form, the Immediate Supervisor's Statement, the Employee's Statement and the Attending Physician's Questionnaire to review this claim. Please complete this form in its entirety and submit it by fax or mail ideally at least 60 days before the end of the elimination period but no later than 90 days after the end of the elimination period in order to avoid delays. If a claim form is submitted later than 90 days after the end of the elimination period, the employee may not be entitled to Disability Insurance Plan benefits if the delay impedes Sun Life's ability to assess the claim. See submission instructions at the end of the form.

To avoid overpayment, you must advise Sun Life immediately when the employee returns to work.

EMPLOYMENT AND INSURANCE INFORMATION (to be completed by the compensation advisor or HR Officer)

Employer information

Department or organization name				
Pay office	Departmental alpha code	Paylist	Bargaining Unit Designator (BUD) number	Classification, group and level

Employee information

First name	Last name (Quebec residents: use maiden name, if applicable)	Date of birth (dd-mm-yyyy)
Address (street number and name)		Apartment or suite number
City	Province	Postal code
Home telephone number	Alternate telephone number	
Pension number	Certificate number CG-	

Coverage information

Last date of entry into the federal public service (dd-mm-yyyy)	Date disability insurance coverage became effective (dd-mm-yyyy)
Has this insurance coverage ever been terminated? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, give date and reason, as well as date of reinstatement.

Earnings and benefit information (For questions that do not apply, please insert "N/A" in the blank space)

1. Give details of the employee's insured salary and allowances as of the last day of the elimination period. (Use the proportional rate for employees working less than full-time hours.)

Authorized rate of pay	Rate	Yearly
	\$ _____ per	\$ _____
Insured allowance(s) [specify type(s)]	Rate	
	\$ _____ per	\$ _____
	\$ _____ per	\$ _____
	\$ _____ per	\$ _____
Total		\$ _____

2. What is the total adjusted annual salary? (If total salary is not a multiple of \$250, round it up to the next multiple of \$250.)

\$

3. What are the total personal federal income tax exemptions from the last TD1? (For Quebec residents, use the last TPD1.)

\$

4. For Quebec residents, what are the total personal provincial income tax exemptions from the last MRI9?

\$

5. a) If the employee is a part-time employee, what are the equivalent full-time hours?

- b) If the employee is a part-time employee, what is the equivalent full-time salary?

Declaration

The information given in this form is true and complete according to our records and should be mailed to:

First name of Human Resources officer or compensation advisor		Last name	Title	
Address (street number and name)			Apartment or suite	
City			Province	Postal code
Telephone number	Fax number	Email address		
Signature X			Date signed (dd-mm-yyyy)	

To ensure prompt submission, please fax this form, along with any other information in support of the employee's claim that you would like to submit, to the confidential number that appears below. Alternatively, you can mail the documents directly to the Sun Life Assurance Company of Canada Montreal Group Disability Management Office. You do not need to mail information that you fax. Please retain the original copy for your records.

Montreal Group Disability Management Office
Federal Government Disability Insurance Plan
 Sun Life Assurance Company of Canada
 P.O. Box 12500 Station CV
 Montreal, Quebec H3C 5T6
Fax: 1-866-639-7849

Keeping your information confidential

At all times, the information collected will be protected under the provisions of the *Personal Information Protection and Electronic Documents Act (PIPEDA)*.