

Employer's Initial Application Disability Income Plan Benefits

TO BE COMPLETED BY EMPLOYER

PLAN MEMBER INFORMATION

First Name	Last Name	Date of Birth	dd/mm/yy	Benefit ID#
Is the employee's leave due to a work-related illness/injury? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide the date you sent the application to WCB				

PAYROLL INFORMATION

Position #1 Title:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual		Rate of Pay:
Date employee last worked	dd/mm/yy	What is the date the employee was/will be paid to?	dd/mm/yy
Please check the scheduled days in week of final payment <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> No Scheduled Days			
Has the employee returned to work? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide the date the employee returned to work			dd/mm/yy
Please check the scheduled days in the week of return to work <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> No Scheduled Days			
Number of hours in regular work week		Average number of hours in regular workday	
Please check the pension plan the employee belongs to: <input type="checkbox"/> SHEPP <input type="checkbox"/> PEPP <input type="checkbox"/> PSSP <input type="checkbox"/> CIVIC Contribution %			
Provide the total number of regular paid hours in the 52 week period immediately preceding the employee's last day of work			
List all periods of approved unpaid leave of absence or suspension greater than 31 days in the 52 week period immediately preceding the employee's last day of work			

Position #2 Title:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual		Rate of Pay:
Date employee last worked	dd/mm/yy	What is the date the employee was/will be paid to?	dd/mm/yy
Please check the scheduled days in week of final payment <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> No Scheduled Days			
Has the employee returned to work? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide the date the employee returned to work			dd/mm/yy
Please check the scheduled days in the week of return to work <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> No Scheduled Days			
Number of hours in regular work week		Average number of hours in regular workday	
Please check the pension plan the employee belongs to: <input type="checkbox"/> SHEPP <input type="checkbox"/> PEPP <input type="checkbox"/> PSSP <input type="checkbox"/> CIVIC Contribution %			
Provide the total number of regular paid hours in the 52 week period immediately preceding the employee's last day of work			
List all periods of approved unpaid leave of absence or suspension greater than 31 days in the 52 week period immediately preceding the employee's last day of work			

PLAN MEMBER INFORMATION

First Name Last Name Date of Birth dd/mm/yy Benefit ID#

Position #3 Title:

Full-time Part-time Casual Rate of Pay:

Date employee last worked dd/mm/yy What is the date the employee was/will be paid to? dd/mm/yy

Please check the scheduled days in week of final payment Sun Mon Tues Wed Thurs Fri Sat No Scheduled Days

Has the employee returned to work? No Yes, provide the date the employee returned to work dd/mm/yy

Please check the scheduled days in the week of return to work Sun Mon Tues Wed Thurs Fri Sat No Scheduled Days

Number of hours in regular work week Average number of hours in regular workday

Please check the pension plan the employee belongs to: SHEPP PEPP PSSP CIVIC Contribution %

Provide the total number of regular paid hours in the 52 week period immediately preceding the employee's last day of work

List all periods of approved unpaid leave of absence or suspension greater than 31 days in the 52 week period immediately preceding the employee's last day of work

ADDITIONAL COMMENTS

Please provide any additional information that may assist in the adjudication of the employee's application for disability benefits. Please include details of any return to work or gradual return to work.

EMPLOYER INFORMATION

Employer Employer #

Payroll/Benefits Contact:

Name

Phone Number

Email

If not in the global address listing

Attendance and Accommodations Contact:

Name

Phone Number

Email

If not in the global address listing

Signature of Payroll/Benefits Contact:

Date Signed: dd/mm/yy