

Application for Disability Benefits

Employee's Name: _____

NOTE TO EMPLOYEE

This guide explains how to apply. It contains the form you must complete to notify Canada Life/Morneau Shepell of your claim, and explains what will happen after you have submitted that notice.

Canada Life/Morneau Shepell
Suite 316-50 Burnhamthorpe Road W
Mississauga ON L5B 3C2
Fax: 1.877.562.9126
Phone: 1.800.465.5812

Please ensure that you fully complete the following information and return this to Canada Life/Morneau Shepell promptly.

- Employee's Statement
- Ensure that your treating physician fully completes the Attending Physician's Statement. Ask your treating physician to be as detailed as possible. Your treating physician should include his/her clinical office notes.

Claim Interview

To begin the detailed assessment process, a Morneau Shepell or Canada Life representative may telephone you to obtain information about your job, education and employment history, medical history, and current state of health. Information may be required about certain other sources of income that could affect the amount of your benefit.

If an interview is not possible because of medical or language problems, alternative arrangements will be made. If sufficient information is obtained through the forms, an interview may not be necessary.

Please note that the Employer's Statement and the Job Analysis will be provided by your employer. Once we have been provided with all of the information we will begin our assessment of your application.

EMPLOYEE'S STATEMENT

- NOTE** 1. Please complete form and return to Canada Life / Morneau Shepell.
2. Please **PRINT**.

PLAN NO. _____

Employee's Statement

Name of Employee	Date of birth <i>(day, month, year)</i>	Employee Number
------------------	---	-----------------

Address <i>(number, street, city, province, postal code)</i>	Telephone Number <i>(including area code)</i> () -
--	--

If accident, state where and how occurred (if litigation pending, please include your lawyer's name, address and telephone number)

Describe nature of sickness or injuries sustained

Have you ever had same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state when and describe
--	---------------------------------

Full-time / Part-time status: Full-time Part-time

Date last worked <i>(day, month, year)</i>	Are you still totally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been able to work since the start of your present disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	When do you expect to return to work? <i>(day, month, year)</i>
--	---	---	--

Please give name(s) of all medical practitioners who treated you during your present disability

Name of Physician	Address	Date from	Date to

Name of hospital(s) in which you were treated	Address	Date from	Date to

If you have insurance with any other companies which provide disability benefits, please complete:

Name of company or organization	Type of Insurance	Plan Number	Amount of benefits
---------------------------------	-------------------	-------------	--------------------

Please notify Canada Life / Morneau Shepell promptly if:

1. Your medical condition improved so that you would be able to work, even though you have not yet returned to work
2. You go to work whether as an employee or as a self-employed person
3. You apply for benefits under Workers' Compensation/CSST
4. You apply for benefits under Canada/Quebec Pension Plan

Your consent

Before we can process your claim for benefits, you must read this agreement and sign in the *signature* box below.



Sharing your personal information

We collect, use and disclose your personal information to:

- investigate and assess your claim
- administer your claim and the group benefits plan
- work out a rehabilitation plan to get you back to work
- audit the assessment of the claim.
- manage internal data for analytics purposes


We may also use your social insurance number for income tax reporting and as an identification number if this is required in the administration of your benefits.

We may collect and exchange your personal information with these persons or groups when relevant and necessary for the purpose above:

- Healthcare and rehabilitation providers
- Insurance and reinsurance companies
- Administrators of the plan, of government benefits and of other benefit programs
- Your employer, plan sponsor and plan administrator, for the purpose of discussing return to work planning
- Your employer's occupational health services
- Your union representative
- Service providers and other organizations working with us, or on behalf of the other parties mentioned above. We may use service providers outside Canada.
- An auditor authorized by us, your employer, plan sponsor or their agent

By signing below, you confirm that:

- You have read, understand and agree with the contents of this form and authorize us to collect and disclose your personal information.
- Except for audit purposes, your authorization is valid for the duration of your claim or until you cancel it in writing.
- All statements you have made about your claim are true and complete
- A photocopy or electronic copy of this authorization is as valid as the original.

Your group plan number 58339	Print your name	Telephone number
Your Canada Life ID number	Email Address	<i>Enter your email address if you would like Canada Life to communicate with you by secure email about your Disability Services claim.</i>
Your signature 		Date (mm/dd/yyyy)



Protecting your privacy

We take your privacy seriously. We keep all your personal information in a confidential file in our offices, or the offices of an organization we've authorized. The only persons with access to the information are:

- people working at Canada Life / Morneau Shepell and those we've authorized, who need the information to do their jobs and manage your claim
- those whom you've given access
- those authorized by law both within Canada and in any other jurisdiction where your personal information is held.

For a copy of our Privacy Guidelines see canadalife.com or you can write to Canada Life's Chief Compliance Officer.