

Employer's Initial Application Disability Income Plan Benefits

TO BE COMPLETED BY EMPLOYER

PLAN MEMBER INFORMATION

First Name	Last Name	Date of Birth	mm/dd/yyyy	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				
Please check the pension plan the employee belongs to: <input type="checkbox"/> SHEPP <input type="checkbox"/> CIVIC <input type="checkbox"/> Other <input type="checkbox"/> PEPP: Contribution %				

FULL TIME - PAYROLL INFORMATION

Position Title:	Position Code:	Rate of Pay on date last worked: \$
Status: <input type="checkbox"/> Perm <input type="checkbox"/> Temp	DIP Enrolled <input type="checkbox"/> No <input type="checkbox"/> Yes	Affiliation: <input type="checkbox"/> CUPE <input type="checkbox"/> SEIU-West <input type="checkbox"/> SUN <input type="checkbox"/> OOS <input type="checkbox"/> HSAS
Position hire date: mm/dd/yyyy	Date last worked: mm/dd/yyyy	Date last paid: mm/dd/yyyy
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		
PFT - number of guaranteed hours in regular work week	Average number of hours in regular workday	
Has the employee returned to work? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide the date the employee returned to work		
Was this employee participating in a GRTW prior to full return to work? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide GRTW plan.		
Unpaid LOA including unpaid suspension (please provide date span for any periods of leave in the 52 weeks prior to date last worked):		

OTHER THAN FULL TIME POSITIONS (OTFT) - POSITION ONE

Position Title:	Position Code:	Rate of Pay on date last worked: \$
Status: <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Temp <input type="checkbox"/> Perm	Affiliation: <input type="checkbox"/> CUPE <input type="checkbox"/> SEIU-West <input type="checkbox"/> SUN <input type="checkbox"/> OOS <input type="checkbox"/> HSAS	
Position hire date: mm/dd/yyyy	Date last worked: mm/dd/yyyy	Date last paid: mm/dd/yyyy
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		
Unpaid LOA including unpaid suspension (please provide date span for any periods of leave in the 52 weeks prior to date last worked):		
Total number of weeks worked in the 52 weeks prior to last day worked	Calculate total number of regular hours worked	
Number of guaranteed hours in regular work week	Average number of hours in regular workday	
Has the employee returned to work? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide the date the employee returned to work		
Was this employee participating in a GRTW prior to full return to work? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide GRTW plan.		

PLAN MEMBER INFORMATION

First Name

Last Name

Date of Birth

mm/dd/yyyy

Benefit ID#

OTHER THAN FULL TIME POSITIONS (OTFT) - POSITION TWO

Position Title:

Position Code:

Rate of Pay on date last worked: \$

Status: ☐ Part-time ☐ Casual ☐ Temp ☐ Perm

Affiliation: ☐ CUPE ☐ SEIU-West ☐ SUN ☐ OOS ☐ HSAS

Position hire date:

mm/dd/yyyy

Date last worked:

mm/dd/yyyy

Date last paid:

mm/dd/yyyy

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

Unpaid LOA including unpaid suspension (please provide date span for any periods of leave in the 52 weeks prior to date last worked):

Total number of weeks worked in the 52 weeks prior to last day worked

Calculate total number of regular hours worked

Number of guaranteed hours in regular work week

Average number of hours in regular workday

Has the employee returned to work? ☐ No ☐ Yes, provide the date the employee returned to work

mm/dd/yyyy

Was this employee participating in a GRTW prior to full return to work? ☐ No ☐ Yes, please provide GRTW plan.

ADDITIONAL COMMENTS

Please provide any additional information that may assist in the adjudication of the employee's application for disability benefits.

EMPLOYER INFORMATION

Employer

Employer #

Payroll/Benefits Contact:

Attendance and Accommodations Contact:

Name

Name

Phone Number

Phone Number

Email

Email

If not in the global address listing

If not in the global address listing

Signature of Payroll/
Benefits Contact:

Date Signed:

mm/dd/yyyy