



APPLICATION FOR BENEFITS EMPLOYER STATEMENT

PO Box 4030 Saskatoon SK S7K 3T2
306.244.1192 Toll-free in Saskatchewan 1.800.667.6853
Fax 306.652.5751 www.sk.bluecross.ca

Group Name _____ Policy Number _____	<input type="checkbox"/> Short Term Disability (Weekly Indemnity) <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Waiver of Premium
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PLAN MEMBER INFORMATION

Name _____ Male Female
Last First Initial

Effective date of coverage _____ Classification _____
YYYY MM DD

Date last worked _____
YYYY MM DD

Occupation on date last worked _____. Complete and attach *Job Description* form.

Are you holding the plan member's job for him/her? Yes No

Are there any other jobs in your organization that the plan member may be qualified to do? Yes No

Describe _____

PLAN MEMBER INJURY & ABSENCE

Is the plan member's condition due, or related, to occupational illness or accident (past or present)? Yes No
 If yes, attach copy of provincial Workers' Compensation correspondence.

Has the plan member ever submitted an application for similar cause(s)? Yes No
 If yes, complete fields below.

From _____ To _____ Insurance Carrier _____
YYYY MM DD YYYY MM DD

Indicate the number of days that he/she was absent from work due to illness.
 During the past year _____ Average in previous years _____

Indicate type of income during absence (salary continuation, paid sick leave, paid vacation, other) and dates covered.

_____ From _____ To _____
YYYY MM DD YYYY MM DD
 Type of Income

_____ From _____ To _____
YYYY MM DD YYYY MM DD
 Type of Income

PLAN MEMBER INCOME

Employment start date _____
YYYY MM DD

Earnings as of date last worked \$ _____

- hourly _____ hrs/wk commission basis - attach T4 from previous two years
- weekly
- monthly
- yearly
- income tax deducted per pay period \$ _____ \$ _____ \$ _____
monthly bi-weekly weekly

Effective date of last salary change _____
YYYY MM DD

Additional information that may be of value in the consideration of this claim.

PLAN SPONSOR INFORMATION

Contact Name _____
Last First Initial Title

Telephone _____ Fax _____ Email _____

Signature _____ Date _____
YYYY MM DD