

# Short-Term Disability Questionnaire

## Physical Job Demands



Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies is committed to keeping information concerning this claim confidential.

### 1 Member information

Please submit this form with the Plan Sponsor Statement if the member is expected to be absent for 4 weeks or more.

Contract Number	Member ID
Name - first and last name (Quebec residents - maiden name)	
Occupation Title/Job Name	Company Name

### 2 Work Environment

In addition, attach the current job description.

Does the member's job require work under any of the following conditions?

Outside <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what percentage of time? %	Shift work <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, describe
Please describe the work environment (e.g. damp, humid, noisy, dusty, unventilated)			

#### Job Activities

During the member's normal routine, what percentage of time does the job involve the following activities?

	Never	1 to 25%	25 to 50%	50 to 75%	75 to 100%
• walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• driving:					
- daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- night-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• reaching:					
- above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- at shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• bending or crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• kneeling or crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	None	0-10lb.	11-20lb.	21-50lb.	over 50lb.
• lifting or carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the member's normal routine, what percentage of time does the job involve the following activities?

	1 - 30 min.	30 - 60 min.	60 - 90 min.	3 - 6 hours	6 - 8 hours
• sitting at one time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• standing at one time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• driving at one time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Stress/Non-Physical Aspects of the Job

	Yes	No
Does the member have to answer customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>
Is the member primarily evaluated on production?	<input type="checkbox"/>	<input type="checkbox"/>
Is the member routinely subject to close supervision?	<input type="checkbox"/>	<input type="checkbox"/>
Does the member work closely with co-workers?	<input type="checkbox"/>	<input type="checkbox"/>
Is the member responsible for the performance objectives of his/her particular department?	<input type="checkbox"/>	<input type="checkbox"/>
Number of people this member supervises:	<input type="text"/>	
Name of any other relevant aspects of the job that are stressors:	<input type="text"/>	
Additional comments		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

Authorized signature X	Title	Date (d/m/y)
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Please fax or mail to the Sun Life Assurance Company of Canada Group Disability Management office that manages your claims.

<b>Edmonton:</b> Fax: 1 866 639-7820 PO Box 2733 Stn Main Edmonton AB T5J 5C9	<b>Toronto:</b> Fax: 1 866 639-7851 PO Box 950 Stn A Toronto ON M5W 1G5	<b>Halifax:</b> Fax: 1 866 639-7850 1100 - 1809 Barrington St. Halifax NS B3J 3K8	<b>Montreal:</b> Fax: 1 866 639-7846 PO Box 11037 Stn CV Montreal QC H3C 4W8	<b>Kitchener/Waterloo:</b> Fax: 1 866 209-7215 PO Box 100 Stn C Kitchener ON N2G 3W9	<b>Vancouver:</b> Fax: 1 866 639-7829 PO Box 48810 Stn Bentall Vancouver BC V7X 1A6
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