



**E. Earnings and Benefit Information**

Please answer the following questions. If any do not apply, put N/A in the blank.

- 1. Please provide: Amount of Life Insurance \$ \_\_\_\_\_  
Annual Earnings on date last reported for work \$ \_\_\_\_\_

Please submit employee enrollment card and a copy of the LTD acceptance letter (if LTD benefits are provided by another carrier).

- 2. Is the employee covered for Optional Life Insurance?  Yes  No

If so, please provide: Optional Life Policy Number \_\_\_\_\_  
Amount of Optional Life Insurance \$ \_\_\_\_\_

Also, please submit a copy of the Optional Life approval letter.

- 3. Date earnings ceased or will cease: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**F. Job Information**

- 1. Employee's job title as of the last day worked: \_\_\_\_\_
- 2. How long has the employee worked in this position? \_\_\_\_\_ Years \_\_\_\_\_ Months
- 3. What are the duties in this job, and what percentage of time does each take per week?

Duties	Percentage of time per week
_____	_____
_____	_____
_____	_____
_____	_____

**If you have a prepared job description, it may be included with this submission.**

- 4. When did the employee's disability first appear to affect his/her work?  
Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_
- 5. In what ways did performance on the job change as a result of the disability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6. Were any changes made in the employee's job as a result of the disability?  Yes  No  
If yes, please explain what the changes were and when they were made:  
\_\_\_\_\_  
\_\_\_\_\_

- 7. If the employee could do less demanding work, would such work be available?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Declaration**

I hereby declare that the answers to the above questions are accurate and complete.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_