

Group Benefits Employer Notification Abilities Management Access

- To be completed by the employer.
- Please print clearly and answer all questions.

Please return the completed form to: **Manulife Financial Case Management Centre**
 PO BOX 48198
 VANCOUVER BC V7X 1N8
 Phone: 1-866-232-9673 or (604) 678-1591
 Fax: 1-866-413-3582 or (604) 678-3389

1 Employer

AMA plan contract number	AMA Division <input type="radio"/> 996 Fee for Service - employees not covered for LTD <input type="radio"/> 997 JEIP Support Staff <input type="radio"/> 998 Faculty, Admin or other	STD/LTD contract number
STD Division Number <input type="radio"/> Not Applicable	LTD Division Number <input type="radio"/> Not Applicable	
Company name		
Address (number, street and suite)	City	Province
		Postal code
Contact name	Email address	
Telephone number ()	Extension	Fax number ()

2 Select the service(s) you wish to access

Absence assessment
 A one time assessment to determine if the employee is capable of work and suggest whether modified or restricted work is possible. Identify the anticipated duration of the absence and make recommendations for a safe and timely return to work. Manulife Financial will not be assessing your employee's eligibility for benefits.

Case management intervention
 Ongoing case management to provide a proactive support system focused on an early and safe return to work. Manulife Financial will not be assessing your employee's eligibility for benefits.

Treatment facilitation
 Offers options for treatment and—once a medical impairment is confirmed—refers the employee to a medical specialist.

Return to work facilitation
 Supports the transition back to work following an absence by suggesting solutions like modified duties/hours before resuming full time.

Please provide any additional comments on services requested

3 Employee identification

Name (last, first, initial)

Employee/certificate number	Language of preference <input type="radio"/> English <input type="radio"/> French	Division	Date of birth (dd/mmm/yyyy)	Sex <input type="radio"/> Male <input type="radio"/> Female
Home address (number, street and apartment)	City	Province	Postal code	
Home telephone number ()	Work telephone number ()	Extension		

Is the employee aware of the referral and expecting a call from Manulife Financial? Yes No

Has the employee been provided with the Manulife Financial package of forms? Yes No

4 Employee information	Date of hire (dd/mmm/yyyy)		Employee's job title	
	Employee's work hours? <input type="radio"/> Full-time HRS/WK _____ <input type="radio"/> Part-time HRS/WK _____ <input type="radio"/> Other If other, please provide details (e.g. shift work)			
	If the employee works non-standard shifts/cycles, please describe or attach a copy of the shift schedule.			
5 Absence information Please complete only for short-term disability absences	Date last worked (dd/mmm/yyyy)	Number of hours worked on that day	Next scheduled work day/shift prior to disability	(dd/mmm/yyyy)
	Has the employee returned to work? <input type="radio"/> Yes <input type="radio"/> No If "yes", please provide the date returned to work			(dd/mmm/yyyy)
	Is the employee eligible for STD benefits? <input type="radio"/> Yes <input type="radio"/> No			
	Is it possible that there are work factors that could be impacting the employee's return to work? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know			
6 Work information	What are the primary duties of the employee's job? (e.g. operating machinery, supervising responsibilities, providing customer service, maintaining mechanical equipment, using a computer, etc.)			
	List any office machines, tools or other equipment that the employee uses in their job.			
7 Modified work	Please provide details if there have been any changes to the employee's job duties/hours worked.			
8 Workers' compensation information Please provide copy of information received from any type of workers' compensation board.*	Is the employee's current condition due to a work related accident or illness? <input type="radio"/> Yes <input type="radio"/> No			
	If "yes", has a claim been filed with any type of workers' compensation board? <input type="radio"/> Yes <input type="radio"/> No If "no", please provide the reason			
	What is the current status of the application? <input type="radio"/> Pending <input type="radio"/> Approved <input type="radio"/> Declined			
* Including but not limited to WCB, WHSCC, WSIB, CSST and WCHSB.				

9 Work capacity evaluation

In this section we are gathering information about the employee's job duties. Please indicate how frequently the employee would perform the following on a daily basis as part of their regular job requirements.

Activity	N/A	SELDOM (< 1 hr.)	INFREQUENT (1 - 2 hrs.)	OCCASIONAL (2 - 4 hrs.)	FREQUENT (4 - 6 hrs.)	CONSTANT (> 6 hrs.)	Comments		
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Kneeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Bending/Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Crouching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Crawling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Pushing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Pulling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Fine manipulation; fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Simple grasping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Fine manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Fine manipulation; hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Repetitive body motions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Reaching - above shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Reaching - at shoulder level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Reaching - below shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Reaching - side to side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Reaching - up and down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

Lifting / Carrying	N/A	0 - 10 lbs	11 - 20 lbs	21 - 50 lbs	> 50 lbs	Infrequent	Frequent	Constant	Comments
Lifting - floor to waist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lifting - waist to shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lifting - above shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lifting - carrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Are assistive devices Utilized Available N/A

Is the employee required to work in any of the following conditions?	Yes	No	Comments
Exposure to marked changes in temperatures and humidity	<input type="radio"/>	<input type="radio"/>	
Being around moving machinery	<input type="radio"/>	<input type="radio"/>	
Exposure to dust, fumes and gases	<input type="radio"/>	<input type="radio"/>	
Driving automobile equipment	<input type="radio"/>	<input type="radio"/>	
Is the employee able to change position as comfort requires?	<input type="radio"/>	<input type="radio"/>	
Unprotected heights	<input type="radio"/>	<input type="radio"/>	

Responsibility and accountability	Yes	No	Comments
Does the work involve occasional pressure to meet deadlines?	<input type="radio"/>	<input type="radio"/>	
Does the work involve periodic pressure to meet deadlines?	<input type="radio"/>	<input type="radio"/>	
Does the work involve significant pressures?	<input type="radio"/>	<input type="radio"/>	
Does the work involve interaction with the general public?	<input type="radio"/>	<input type="radio"/>	

9 Work capacity evaluation (continued)

In this section we are gathering information about the employee's job duties. Please indicate how frequently the employee would perform the following on a daily basis as part of their regular job requirements.

Understanding and memory	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	Comments
Remember locations and routine procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Understand and remember short and simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Understand and remember detailed instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sustained concentration and persistence	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	Comments
Carry out short and simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Carry out detailed instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Maintain attention and concentration for extended periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Perform activities within a schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sustain an ordinary routine without supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Make simple decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Solve simple straightforward problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Solve complex problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Adaptation	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	Comments
Respond to frequent changes in the environment or tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Aware of normal hazards and take appropriate precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Travel in unfamiliar places or use public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Set realistic goals or make plans independently of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Juggle tasks and prioritize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

10 Declaration

Please attach details or any additional information that you believe should be considered in assessing this employee's case.

I certify that the information in this form, and any further verbal or written statement provided by me in the future, is true and complete to the best of my knowledge. The information in this statement will be kept in a group life, health, and/or disability case file with Manulife Financial and might be accessible by the employee or third parties to whom access has been granted or those authorized by law. By providing the information I consent to such unedited release of any information contained herein.

Authorized signature	Title	
Name (please print)	Date (dd/mmm/yyyy)	
Email address	Telephone number ()	Extension