

# Short-Term Disability Questionnaire

## Physical Job Demands *SunAdvantage*



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 this form along with any forms you may receive from the member to the Sun Life Assurance Company of Canada Group Disability Management office that manages your claims.**

If you live in the Atlantic provinces, Quebec or Ottawa  
**Montreal:**  
**Toll-free fax: 1 866 639-7846**  
 PO Box 11037 Stn CV  
 Montreal QC H3C 4W8

If you live in Ontario except Ottawa  
**Kitchener - Waterloo:**  
**Toll-free fax: 1 866 209-7215**  
 PO Box 100 Stn C  
 Kitchener ON N2G 3W9

If you live in the Prairie provinces, British Columbia or the Territories  
**Edmonton:**  
**Toll-free fax: 1 866 639-7820**  
 PO Box 2733 Stn Main  
 Edmonton AB T5J 5C9