



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"/>
• lifting or carrying					
	None	0-10lb.	11-20lb.	21-50lb.	over 50lb.
	<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"/>	
	<input type="text"/>	

Authorized signature X	Title	Date (d/m/y)
---------------------------	-------	--------------

Please fax or mail to the Sun Life Assurance Company of Canada Group Disability Management office.

Vancouver:

Fax: 1 866 639-7829

PO Box 48810 Stn Bentall
Vancouver BC V7X 1A6