

## Group Policy owners' Statement re: Disabled Claimant

<p>Group Policyowner: Cowichan Indian Band</p> <p>Claimant's Name: _____</p> <p>Job Classification: _____</p> <p>Date Employee was hired: _____ <span style="margin-left: 150px;">Day/Month/Year</span></p> <p>What is the Employee's regularly scheduled workweek? Hours per week: _____</p> <p>Last day Employee actually worked: _____ <span style="margin-left: 150px;">Day/Month/Year</span></p> <p>Weekly earning at disability: \$ _____</p> <p>Insured WI benefit at disability: \$ _____</p> <p>Employer contributed to WI Premium: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employee's percentage of WI Premium Contribution: _____ %</p>	<p>Group Policy Number: <b>P14669</b></p> <p>Group Division Number: _____</p> <p>Date employee became insured under this plan: _____ <span style="margin-left: 150px;">Day/Month/Year</span></p> <p>Date Claimant was unable to work due to Injury or Sickness _____ <span style="margin-left: 150px;">Day/Month/Year</span></p> <p>Why did Employee stop working: Is the disability work related?</p> <p>Has coverage terminated: <input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, when? Reason: _____</p>
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If benefit is non-taxable, please complete: (i.e. Employee pays 100% of WI Premium)

Net Income:	Basic Gross Weekly Earnings	\$ _____
	Less Tax	\$ _____
	Less CPP Contribution	\$ _____
	Less EI	\$ _____

Have any of the following been paid during the elimination period?

<p>Salary Continuation to: _____ <span style="margin-left: 100px;">Day/Month/Year</span></p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Amount \$ _____</p> <p>Vacation Pay to: _____ <span style="margin-left: 100px;">Day/Month/Year</span></p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Amount \$ _____</p>	<p>Sick Leave Benefit to: _____ <span style="margin-left: 100px;">Day/Month/Year</span></p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Amount \$ _____</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Amount \$ _____</p>
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## TO BE COMPLETED BY EMPLOYEE'S IMMEDIATE SUPERVISOR

1. Employee job title as of date last worked: \_\_\_\_\_  
How long has the employee held this position? \_\_\_\_\_ years \_\_\_\_\_ months.
2. What are the primary duties of the employee's job and how much time does each take per week?

Duties

Hours per week

Indicate the dates the claimant was absent from work due to Injury or Sickness during the past twelve months and show the cause if known.

Date

Cause

Date

Cause

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ADDITIONAL COMMENTS

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## DECLARATION

We certify that the above information is true and complete.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_

Authorized Official of Group Policyholder \_\_\_\_\_ Title \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Please return this completed form to:

Weekly Income Claims  
Pacific Rim Administration Services Ltd.  
#6, 1680 Gilmore Avenue  
Burnaby, BC V5C 4T3