



SGEU LTD Plan
 1011 Devonshire Drive North
 Regina, SK S4X 2X4
 Local: 306-522-8571
 Toll Free: 800-667-5221

Claim for Long-Term Disability Benefits

Part 1 – MEMBER'S STATEMENT				
MEMBER IDENTIFICATION (Please Print)				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Last Name:		Middle Initial:
		First Name:		
Address:		City/Town:		Postal Code:
Province:				
Social Insurance Number:	Date of Birth: (ATTACH ID WITH DOB)		Telephone No: ()	
Employer:		Department:		
Job Title:		Shiftworker: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CLAIM INFORMATION				
Describe your present condition, its cause and history to date. If injured, indicate the nature of the accident. (Attach separate sheet, if necessary.)				
When did your health first become affected? <i>Date</i>				
From what most recent date has your condition prevented you from working? <i>Date</i>				
Were you hospitalized for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", provide the date(s) and hospital name(s).				
When do you expect to be able to return to: a) your own occupation? <i>Date</i> b) any occupation? <i>Date</i>				
Indicate if you have tried to return to work? <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Usual job <input type="checkbox"/> New Job/Duties				
Give dates: From: <i>Date</i> To: <i>Date</i>				
SUMMARY OF EDUCATION, TRAINING, EXPERIENCE				
ATTACH RESUME OR COMPLETE THE FOLLOWING:				
Highest Education Completed	Location	Level Obtained	Year	Area of Study & Years Completed
WORK EXPERIENCE (Begin with most recent and add separate pages, if necessary.)				
Duration of Employment		Employer		Job Title
From	To			
List all specialized training not included above. (Attach separate paper or resume, if necessary.)				

DISABILITY INCOME

Please answer no or yes to each question below and provide details and additional documents as appropriate:

1. Are you receiving Canada Pension Plan (CPP) *Retirement* Income? No Yes*

If yes: Monthly Amount: _____ Dates of Payments: From _____ to _____

2. Have you applied for CPP *Retirement* Income but have not yet been accepted? No Yes

3. Are you receiving Canada Pension Plan (CPP) *Disability* Income? No Yes*

If yes: Monthly Amount: _____ Dates of Payments: From _____ to _____

4. Have you applied for CPP *Disability* Income but have not been accepted? No Yes*

If yes please indicate: My claim decision is Pending, or My claim has been declined*

Date of Decline: _____ Date of Appeal: _____

5. Are you receiving Workers Compensation Board (WCB) or SGI Income?

No Yes* (WCB) Yes* (SGI)

If yes: Monthly Amount: _____ Dates of Payments: From _____ to _____

6. Have you applied for WCB or SGI Income benefits but have not been accepted?

No Yes* (WCB) Yes* (SGI)

If yes please indicate : My claim decision is Pending, or My claim has been declined*

Date of Decline: _____ Date of Appeal: _____

7. Are you receiving **any other income**? No Yes* If yes: Source (eg. Other Insurer, Other employer, Self-Employed, Retirement) _____

Monthly Amount: _____ Dates of Payments: From _____ to _____

**Please attach copies of any correspondence or documentation relating to other income including notice of entitlement (notice of claim), denial letters, and notices of appeal.*

AUTHORIZATION

I hereby certify that the information provided herein is true, accurate and complete. I authorize any required payroll deductions and the use of my Social Insurance Number (if given as employee identification number) for administration of my benefits. I hereby authorize the use of all information in my file for the purposes of adjudication and administration of my long-term disability claim, as per the SGEU LTD Plan Text. A photocopy of this authorization shall be as valid as the original.

Dated at _____ this _____ Day of _____ Month _____ Year

Signature of Claimant

Address of Claimant