



This form is required for the submission of an SGEU LTD Plan Claim

- To be completed by your direct supervisor or delegate
- Include this completed form along with your Claim Application
- 3 pages

Part 1 – Member / Employee Information								
MEMBER / EMPLOYEE IDENTIFICATION (Please Print)								
Last Name:			First Name:			Middle Initial:		
Employer:			Job Title:			Department:		
Part 2 – Job Demands – To Be Completed by Employer								
STRENGTH		WEIGHT		FREQUENCY PERFORMED OVER 8 HOUR DAY				
		Max	Usual	Not performed	Performed not daily	1-33% of workday	34-66% of workday	67-100% of workday
Lifting - including pushing and pulling effort while stationary								
Carrying - including pushing and pulling effort while walking								
Fingering	Right							
	Left							
Handling	Right							
	Left							
Reaching	Below Shoulder							
	Above Shoulder							
Gripping	Minimum							
	Moderate							
	Maximum							
MOBILITY								
Throwing								
Sitting								
Standing								
Walking								
Running								
Climbing								
Stooping								
Crouching								
Kneeling								
Crawling								
Twisting								



SGEU LTD Plan
1011 Devonshire Dr. N.
Regina, SK. S4X 2X4
1-800-667-5221
LTD@SGEU.ORG

SGEU Long Term Disability Benefits Employee's Job Demands

		FREQUENCY				
		Not performed	Performed not daily	1-33% of workday	34-66% of workday	67-100% of workday
SENSORY / PERCEPTUAL						
Hearing	Conversation					
	Other Sounds					
Vision	Far					
	Near					
	Colour					
	Depth					
Reading						
Writing						
Speech						
ENVIRONMENT						
Inside Work						
Hot						
Cold						
Humid						
Dry						
Dust						
Vapour, Fumes						
HAZARDS						
Moving Objects						
Hazardous machines						
Electrical hazards						
Sharp tools, etc.						
Radiant energy						
Slippery floors						
Cluttered worksite						
OTHER CONDITIONS OF WORK						
Travel						
Working on call						
Working overtime						
Shift work						
Equipment/machinery/vehicle operation						
Deadlines to be met						
Decision making						
Depend on others for information						
Boredom						
Work with public						
Speak with public						
Speak to groups						
Work independently						
Work in isolation						
Physical mobility in work						



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**SGEU Long Term
Disability Benefits
Employee's Job Demands**

Other Demands (include frequency and description):

☐ I certify the information given on this claim form is true, correct, and completed to the best of my knowledge.

Supervisor's Name: _____

Job Title: _____

Supervisor's Signature: _____

Date: _____