

Claim for Long Term Disability Benefits

EMPLOYER'S STATEMENT OF AVAILABLE POSITIONS

This form is to be completed and submitted to Canada Life by the employer.

NEW LTD CLAIMS

Collective Agreement	New Claim with Date of Disability on or after...	Form is Required or Optional for New Claims
Health Services and Support Community Subsector Agreement	April 1, 2013	Required
Health Services and Support Facilities Subsector Agreement	February 19, 2013	Required
Health Science Professionals Collective Agreement	April 5, 2013	Required
Nurses' Provincial Collective Agreement	N/A	Optional

EXISTING LTD CLAIMS

This form is optional for all existing claims – i.e. claims with a date of disability prior to the above effective dates. If an opportunity for a return to work is identified by the employer at any point in the claim, complete and submit this form to Canada Life. Upon receipt, Canada Life will re-adjudicate the LTD claim based on the terms of the applicable LTD plan. It is the employer's responsibility to ensure that all positions meet the requirements of the applicable collective agreement or LTD plan (e.g. availability, rate of pay, FTE).

EMPLOYER IDENTIFICATION *(please print)*

Name of Employer: _____ HBT Employer Division #: _____
 Contact Name: _____ Phone #: _____ Ext: _____

EMPLOYEE IDENTIFICATION *(please print)*

Last Name: _____ First Name: _____
 HBT Benefits ID No. (BID): _____ Union/Collective Agreement: _____ Class Code: _____

STATEMENT OF AVAILABLE POSITIONS

- Available position(s) exist as per the applicable Collective Agreement *(provide Position Details below)*
- Position(s) exist that will facilitate return to work but do not meet the available definition outlined in the applicable Collective Agreement *(provide Position Details below)*
- Position(s) are NOT presently available

POSITION DETAILS *(attach supporting documentation for each position (i.e. job description, posting and functional/job demands analysis)).*

Job Title	Rate of Pay	FTE	Status (Permanent or Temporary)	Position Currently Available		Start Date (if applicable)	End Date (if applicable)
				Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

For additional positions attach separate sheet(s)

Comments: _____

DECLARATION *(to be signed by person completing the form)*

I hereby declare the above information is accurate and complete.

Date _____ Authorized Signature _____ Name _____
(please print)

Title _____ Dept _____

Phone _____ Email Address _____

Submit to Canada Life:

- Vancouver DMSO: Suite #1500-1055 Dunsmuir Street, Vancouver, BC V7X 1K8 | Fax: 1.844.816.1038 | Email: vancouver.dms@canadalife.com
- Langley DMSO: Suite #500 - 19933 - 88th Avenue, Langley, BC V2Y 4K5 | Fax: 1.844.569.3131 | Email: langley.dms@canadalife.com