



Healthcare Benefit Trust (HBT) Policy #51337
 Joint Community Benefits Trust (JCBT) Policy #59234
 Joint Facilities Benefits Trust (JFBT) Policy #59233
 Joint Health Science Benefits Trust (JHSBT) Policy #59232

CLAIM FOR LONG TERM DISABILITY BENEFITS CALCULATION OF PART-TIME EARNINGS	TO BE COMPLETED BY THE EMPLOYER
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Note: This form is also to be used for full-time community health workers (and employees scheduled in a manner similar to full-time community health workers) under Article 15 of the Community Agreement.

Attach a copy of the back-up documentation that was used to prepare this form.

Employee _____ HBT Benefits ID No. (BID) _____

Employer: _____

Date of Disability:

Day	Month	Year

Was claimant a regular employee for the entire 12 month period prior to date of disability? Yes No

If "No", indicate date regular employment commenced:

Day	Month	Year

Hourly rate of pay at date of disability (to 5 decimal points):
 Include isolation allowance; exclude shift differential and qualification differential. \$ _____ (A)

Attach a screen print of the employee's compensation rate table or a copy of the employee's pay statement for the period in which the date of disability occurred.

Effective date of pay rate:

Day	Month	Year

Calculation of average monthly hours of work in 12 month period prior to date of disability:

Hours worked in 12 month period while a regular employee:
Include extra and casual hours while a regular part-time employee; exclude overtime; include any hours worked as a regular full-time employee. _____ (B)

Hours paid but not worked:
Vacation and statutory holidays (convert % paid to hours); paid sick leave; paid leave. + _____ (C)

Hours scheduled to be worked but taken as unpaid LOA: + _____ (D)

Total hours of work in 12 month period (to 2 decimal points): = _____ (E)

Average monthly hours of work in 12 month period prior to date of disability: (E) divided by 12* = _____ (F)

Basic monthly part-time earnings on which LTD benefit is to be calculated: (A) X (F) = \$ _____ (G)

* If the employee has been employed for less than 12 months prior to the date of disability, divide (E) by the actual number of months the employee was employed and provide details on date of employment and effective date of LTD coverage so that Canada Life can adjust the benefit calculation:

Prepared by: _____ (PRINT NAME) Phone #: _____

Email: _____

Signed by: _____ Date: _____