

## The Argus Group

The Bermuda Life Insurance Company Limited

The Argus Building, 12 Wesley St, P.O. Box HM 1064, Hamilton HM EX, Bermuda, Tel: (441) 295-2021, Fax: (441) 292-1505

## Employer's Statement of Disability

Name of Employer:	Policy no: ———
2. Address:	V =
3. Name of Employee:	Insurance no:
4. Employee's Address:	
5. Date of Birth:	Telephone no:
6. Occupation:	Salary:
7. Date employee first absent from work:	·
8. Has the employee worked since the date in (7) above?	Yes No
9 If yes, please provide dates:	
10. Has he/she ever been absent before with the same or ar	ny similar condition and if so please provide
dates:	
70.17	
11. Long term disability benefit: (Percent of Salary, see Po	
12. Nature of disability:	
13. Is the Employee:	
a. Still on payroll?	Yes No
b. Absent due to medical reasons?	☐Yes ☐No
c. Terminated?	Yes No
d. Back to work?	Yes No
Other Information	
	# pg # 1_00((A)_
14. Employment Information	
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<ul> <li>a. Employee's job title as of last day worked:</li> </ul>	
5 95 27	Months
b. When did the employee commence work in thi	s position? Years Months
	time does each take nor week?
c. What are the duties in this job, and how much	time does each take per week:
Duties - Describe Fully	Hours Per Week
Duties Describe Lany	
	a T - Transmission
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Does the employee's job require work in any of the following conditions?					
	Times Hours Per day Per day				
a. Outside?	□Yes □No □				
b. In extremes of cold or heat?	□Yes □No □ □				
c. In damp or humid environment?	□Yes □No □ □				
d. In a noisy Environment?	☐Yes ☐No ☐				
e. In a dusty or unventilated environment?	□Yes □No □ □				
f. In toxic Fumes?	Yes No				
15. Does the job involve handling chemicals?					
a. If so, please list chemicals:					
16. Lifting:					
Does the job require employee to lift, carry, or move any items more than 10 pounds?	Times Hours  Per Day Per Day  Yes No				
17. Mobility:					
a. Sitting	□Yes □No □ □				
b. Standing	Yes No				
c. Walking d. Climbing	☐Yes ☐No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
e. Driving	Yes No				
f. Remaining in one position for more than one hour?	□Yes □No □ □				
18. Reaching:					
<ul><li>a. Above shoulder height</li><li>b. At shoulder height</li></ul>	☐ Yes ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
c. Below shoulder height	Yes No				
<ul><li>d. Bending or crouching</li><li>e. Kneeling or crawling</li></ul>	Yes No Yes No				
19. Dexterity: How much of the employee's work require	res				
a. Finger dexterity? Right hand	% Left hand %				
b. Hand dexterity? Right hand 20. Vision	% Left hand %				
How much of the work requires					
a. Sharpness of vision? Near b. Colour discrimination?	% Far %				
21. Communication					
How much of the employee's time is spent:					
Talking % Writing % Supervising other people %					

15. Work Environment:

22. Equipment use	22.	Ea	uipn	nent	use
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Please list any office machines, tools or other equipment that the employee uses in this job.

Type of Equipment	<u>Times Per Day</u>	Hours Per Day
22. Please provide a copy of job description, if	available.	
23. Is the employee entitled to any income bene		employee in the
"Claimant's statement of Disability"?	□Y•	es No
24. If Yes Give details:		
25. Can this employee perform any of his/her n		res No
If yes, give details:		_
Any Additional Information (if any)		
Declaration		
We declare that the above statements are accurate returned to work since the date shown as first absorber this absence has been the disability specified a	ent (apart from as shown above	named employee has not e) and that the sole reason
We understand that by furnishing this form and in Bermuda Life Insurance Company Limited shall reto have waived any of its rights in defence of any	not be held to have admitted the	e validity of any claim of
Authorized Signature		Date

