Employer's Statement (Disability)

Sun Life Financial

Please PRINT clearly.

This form should be answered by the employer of the insured.

In connection with the employee's claimfor: (Please check appropriate box)

- ☐ Total Disability Benefit on the life insured
- ☐ Premium Coverage Upon Death or During Total Disability of Initial Owner

1 Details Pertaining To Employee

Employee (Last Name, First Name, M.I.)	Date Hired (Month/Day/Year)
Employee's occupation/position/title	Date Employee Last Worked (Month/Day/Year)

Immediately prior to disability, describe/list the routine functions/duties of employee's job/occupation:

1.

2.

3.

4.

5.

If the space provided is insufficient, please use a separate sheet and attach to the form.

Employment status if employee is not actively at work. (Please check appropriate box(es) and indicate effective date(s)

- ☐ Sick Leave w/ Pay; Effective Date _____
- ☐ Sick Leave w/o Pay; Effective Date _____
- ☐ Vacation Leave w/ Pay; Effective Date _____
- ☐ Vacation Leave w/o Pay; Effective Date _____
- ☐ Study Leave; Effective Date _____
- ☐ Temporary Lay Off; Effective Date _____
- ☐ Retired; Effective Date _____
- ☐ Terminated; Effective Date _____
- ☐ Resigned; Effective Date _____
- ☐ Others (specify) _____

Prior to disability, check the following activities related to the employee's work or routine functions.

☐ Sitting	☐ Lifting Heavy Objects	☐ Attending To Customers (personal)
☐ Prolonged Standing	☐ Operate & Maintain Heavy Equipment/Machines	☐ Attend & Conduct Meetings/Seminars
☐ Frequent Walking	☐ Assembly Line Work (using hands/feet)	☐ Analysis, Judgement & Decision Making
☐ Frequent Climbing	☐ Furniture/Equipment Repair	☐ Supervision & Management
☐ Driving	☐ Routine Clerical Paper Work	☐ Sales & Marketing (client calls)
☐ Travel (land)	☐ Computer Work	☐ Others: please specify
☐ Travel (air)	☐ Cashiering	_____
☐ Travel (sea)	☐ Attending To Telephone Calls	_____

2 Employer's Signature

Signature of Authorized Signatory of Employer X	Printed Name
Position/Title of Authorized Signatory	
Place of Signing	Date of Signing (Month/Day/Year)
Business Address	Contact No.