

SHORT TERM DISABILITY CLAIM FORM EMPLOYEE'S STATEMENT

For confidentiality purposes, submit this form with the **Attending Physician's Statement - Short Term Disability Claim** form GH-0054.

The **Short Term Disability Claim Form Employer's Statement** form - GH-0052 can be submitted separately.

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

1. Name of Employer			
Name of Employee (first, middle, last)			
Address (street, number)	City	Province	Postal code
Phone number			
2. Date you last worked (dd/mmm/yyyy)	Date you first became ill or injured (dd/mmm/yyyy)	Date you returned or expect to return to work (dd/mmm/yyyy)	
Did this claim result from an accident or injury? <input type="radio"/> yes <input type="radio"/> no — if yes, complete the sections below. If no, proceed to section 3.			
Is a claim being made to an insurer (e.g. auto insurer, Provincial Workplace Safety Board)? <input type="radio"/> yes <input type="radio"/> no — if yes, provide:			
Name of insurance carrier			
Adjuster name		Claim number	
Phone number	Fax number	Email address	
Was the accident or injury due to: <input type="radio"/> auto* <input type="radio"/> work <input type="radio"/> other			
Date of accident/injury (dd/mmm/yy)		Time of accident/injury	
Where did the accident occur? Provide details of the accident:			
*If the injury is due to an auto accident, please provide a copy of the police Motor Vehicle Accident (MVA) Report.			
3. Name of Doctor/facility first consulted			Date first consulted (dd/mmm/yyyy)
Address (street, number)			
City	Province	Postal code	Phone number
Name of other treatment provider(s)			Date first consulted (dd/mmm/yyyy)
Address (street, number)			
City	Province	Postal code	Phone number
Describe your current symptoms:			

4. Declaration, Acknowledgement and Authorization

I acknowledge that:

- my employer self-insures short-term disability benefits under its Canada Short-Term Disability Plan (the "Plan");
- I have filed a claim with my employer for benefits under the Plan ("Claim") and my employer wants Empire Life to provide adjudication and administrative services in relation to my Claim, including collecting and reviewing medical information;
- my employer has referred my case to Empire Life for the purpose of providing claim adjudication and administrative services only and Empire Life is not responsible for providing or paying any benefits under the Plan.
- the Plan benefits are not insured by Empire Life and my employer has sole financial and legal responsibility for adjudicating my Claim and paying any benefits covered by the Plan.

Collection, Use and Access to My Personal Information

Collection:

I am making a claim for disability benefits under my employer's Plan and understand that Empire Life, as claim administrator, will need medical, financial, employment and other information about me in order to assess and administer my claim. I authorize Empire Life to collect my personal information that is relevant to my claim either directly or through third parties.

I authorize any person or organization that has information relevant to my claim to disclose this information to Empire Life. The persons and organizations with information relevant to my claim include:

- individuals acting on my behalf, such as my guardian or legal representative;
- my current and former employers;
- my doctor and other health professionals and practitioners;
- hospitals, clinics, social service agencies and other similar agencies that have provided services to me;
- investigative and governmental agencies;
- other insurance companies with which I have or have had coverage; and
- third parties who provide service to Empire Life in relation to its claim administration services (e.g. medical consultants)

I also authorize Empire Life to collect personal information concerning me that is available publicly and/or online from third party sources, like publications and websites (including without limitation, news websites, social media, professional or business directories and public registries).

Use:

I authorize Empire Life to keep my personal information on file and to use it to:

- investigate, assess and administer my claim, including verifying the accuracy of the information that I provided in support of my claim;
- implement risk management programs and procedures to detect and protect against overpayment of benefits, fraud, false information, errors, omissions, misrepresentations and/or contravention of laws;
- provide administrative services in connection with my employer's Plan, and meet legal, regulatory or contractual requirements;
- manage internal data for analytics purposes; and
- provide services to me (including rehabilitation assistance and other services designed to help me return to work.)

Access/Disclosure:

I understand that:

- my personal information will be kept on file by Empire Life;
- access to my file is restricted to Empire Life employees, agents, representatives, third party service providers and other persons who require it to perform their duties, and to persons to whom I have granted access. Empire Life may store my personal information outside my province of residence but within Canada;
- personal information may be exchanged with the persons and organizations listed above if required for the purposes listed above;
- Empire Life and its representatives or agents and my employer and its representatives or agents may share information about me, if relevant and necessary, in the following limited circumstances: for assessing/managing a disability claim (including the appeal process) under the Plan, for providing rehabilitation/vocational rehabilitation assistance, for assisting with a return to work, for conducting audits in relation to the Plan, in the event the disclosure is required by applicable law, in the event of a claim dispute and/or for managing threatened or actual legal proceedings. Any information shared will be maintained confidential and restricted to only those representatives and agents of my employer who reasonably require access to it;
- Empire Life may also disclose my personal information to organizations outside my province of residence or outside Canada who process or store my personal information as part of their duties. Therefore, my personal information may be subject to the laws of other jurisdictions, which may allow disclosure to courts, law enforcement, or other government authorities of those jurisdictions under certain circumstance; and
- I can access the most recent information about Empire Life's privacy practices by visiting <https://www.empire.ca/your-personal-information-and-your-privacy>. I am entitled to consult my file and, when applicable, have it corrected. To exercise my rights, I must send written notification to:

Chief Privacy Officer, The Empire Life Insurance Company, 259 King Street East, Kingston, ON, K7L 3A8.

Other:

I understand that:

- I must notify Empire Life promptly if the information I provided to Empire Life or if my circumstances change, including without limitation where: my medical condition improves, I start working (including self-employment), I start receiving benefits or income from third party sources;
- Empire Life takes the submission of fraudulent claims seriously and Empire Life will verify the accuracy of the information provided in support of my claim. If Empire Life suspects fraud related to my claim and/or claim overpayment, it may exchange information about me pertaining to my claim without my knowledge to any appropriate organization to investigate, suppress and prevent fraud and/or claim overpayment. These organizations can include my employer, regulatory bodies, government organization, other insurers and fraud detection firms;
- if Empire Life reasonably determines that I submitted or allowed to be submitted a claim that includes any false, inaccurate, incomplete or misleading information material to the claim, Empire Life may, at its reasonable discretion and without prior notice, advise my employer to terminate my benefits under my employer's Plan; and
- if I am overpaid benefits, Empire Life or my employer may disclose my contract information and relevant financial information to a third party such as a collection agency to recover any overpayment. My employer reserves the right to undertake criminal prosecution and/or pursue civil action against me.

I certify that the information given in this form and other documents supporting my claim, and any future verbal or written statement provided by me, is true and complete to the best of my knowledge. I understand that my claim and my coverage may be denied or terminated as a result of my providing false, inaccurate, incomplete or misleading information.

Employee signature

X

Date (dd/mmm/yyyy)

Please send this completed form to sherwinwilliamsclaims@empire.ca