Rainy River District Social Services Administration Board

Short-term Disability Claim Form

1. Employee Information

First Name	Last Name	❒ Male ❒ Female	Date of Birth (mm-dd-yyyy)
Address (street number and name)			Apartment or suite
City		Province	Postal Code
Occupation	Job Title		DiBrina Sure Benefit I.D. Number
Home telephone number	Alternate telephone number		Email address

2. Illness/Injury Information

On what date did you first see a doctor for this illness?	Date (mm-dd-yyyy)

Please describe your present illness or injury and how it prevents you from working. Include a description of which duties of your job you are *unable* to perform because of your illness or injury. As well, list the duties of your job you *are* able to perform (Attach extra sheets, if necessary)

When was your last day of full-time duties/hours?	Date (mm-dd-yyyy)
What is the date you returned or expect to return to work?	Date (mm-dd-yyyy)

What are the current symptoms preventing you from working?

3. Declaration and Authorization

I certify that the statements in this form are true and complete. I authorize the RRDSSAB to obtain appropriate documentation and/or verification of illness, as determined by the employer and/or a benefit carrier retained by the employer.

Member's last name (please print)	First Name (please print)
Member's signature **x**	Date (mm-dd-yyyy)

Short-term Disability Benefits

Short-term Disability (STD) benefits are to be used in the event an employee is unable to attend his/her duties by reason of his/her personal illness or disability on a short-term continuous basis. An eligible employee must be absent for a period of at least seven (7) consecutive working days or more for STD to take effect. An eligible employee who becomes an in-patient in a hospital for a minimum of three (3) days is entitled to STD benefits from the date of hospitalization. An employee who is or becomes eligible for STD benefits will not be required to use sick leave credits for any portion of their absence. Short-term disability benefits will be granted to eligible permanent full-time and permanent part-time employees on the following basis:

Length of Continuous Service	Short-term Disability Benefits
Start date to three months	No benefits
Three months but less than one year	66 2/3% for 15 weeks
One year but less than three years	100% of income for 2 weeks 66 2/3% for 13 weeks
Three years but less than five years	100% of income for 4 weeks 66 2/3% for 11 weeks
Five years but less than seven years	100% of income for 6 weeks 66 2/3% for 9 weeks
Seven years but less than nine years	100% of income for 8 weeks 66 2/3% for 7 weeks
Nine years but less than ten years	100% of income for 10 weeks 66 2/3% for 5 weeks
Ten years and over	100% of income for 15 weeks

In the event that short-term disability benefits are used up, benefits will be restored after an employee has returned to full duties for one (1) month, in the event of a second disability or illness, or three (3) months for re-occurrence of the same disability or illness. If requested to do so by the employer, the employee will provide documentation from a physician indicating whether it is a re-occurrence of the same disability or illness. If there are any concerns regarding any illness or disability, they must be validated by medical information from a duly qualified medical practitioner, unless waived by the RRDSSAB. This expense is to be incurred by the RRDSSAB. After a prolonged illness or disability of one (1) month or more, medical information regarding the employee's fitness will be required before an employee will be permitted to return to work.

FOR OFFICE USE ONLY

Employee is eligible for Short-term Disability Benefits: ❒ No ❒ Yes If yes, based on the following:

❒ Absent for a period of at least seven (7) consecutive days; or ❒ Hospitalized a minimum of three (3) days

❒ Acceptable documentation and/or verification received; or ❒ Documentation/verification is waived.

❒ Original to Short-term Disability File ❒ Copy to Personnel File ❒ Copy to Employee

Human Resources Officer Signature	Date (mm-dd-yyyy)

Revised: July, 2012