

# Employer Checklist



Applying for the Disability Income Plan

## 1. Employee Name:

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## 2. Employer:

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- Disability Income Plan Enrolment Form**
- Application for Long-Term Disability Benefits - Employer Statement**
- Employee Salary History** (required for any employment status, other than permanent full-time)
- Accumulation of the Qualification Period - Non Consecutive Basis Form** (required if employee does not serve a consecutive qualification period)
- Attending Physicians Initial Disability Benefits Statement** (Can be submitted by Employee or Employer on behalf of Employee)
- Supporting Medical Information** (Can be submitted by Employee or Employer on behalf of Employee)
- Job Demands Checklist/ Position Description**
- Group Life Insurance Plan Enrolment Form**
- Confirmation of Group Life & Disability Premiums Paid during Qualifying Period** (amounts remitted/date premiums paid to)

## 3. Forms can be found on our website:

<http://www.peba.gov.sk.ca/benefits/disability-income-plan/member/forms.html>