

Medical Advisory Service for Disability Pension Notification AMCS

Please send the completed form to:

English language referrals
 casemanagement@manulife.ca
 Fax: (416) 687-5155 or 1-877-329-4431
 Tel: (416) 687-4100 or 1-877-277-5297

French language referrals
 gestiondesdossiers@manuvie.ca
 Fax: (514) 288-6918 or 1-866-744-5742
 Tel: (514) 287-4351 or 1-866-744-5741

To be completed by the employer. Please ensure to answer all questions and include any additional information that you believe should be considered in assessing this applicant's case. This notification must be sent to Manulife without delay.

1 Referral or service type Please select the referral type you would like.
AMCS
 Medical Advisory Service for Disability Pension

2 Employer contact Please provide the name and contact details of the person the Manulife Case Manager should contact with regards to this referral.

Plan contract number 0123152 Pension administrator name Provident10 Medical Advisory Services

Employer name or Division number _____

Employer contact name _____

Employer contact title _____ Phone number _____ Ext. _____

Email address _____

3 Applicant identification Full name (first, middle initial, last) _____

Applicant home address (number, street, apt) _____

City _____ Province _____ Postal code _____

Date of birth (dd/mmm/yyyy) _____ Language preference: English French

Primary phone number _____ Alternate phone number _____

Last 4 digits of applicant's Social Insurance Number (SIN). Required for Provident10 internal identification purposes _____

4 Applicant work information Job title _____ Employee ID number _____

Employer name _____

Applicant work address (number, street, suite) _____

City _____ Province _____ Postal code _____

Employee status
 Full time Part time Casual Other (specify) _____ Date of hire (dd/mmm/yyyy) _____

Has the applicant been credited with 5 years of pensionable service? Yes No

If the applicant is not currently Full time, is the applicant's non-Full time status a result of a medical easeback? Yes No

If yes, is it the same condition as in the current application? Yes No

Please indicate the **HOURS** of work in a normal week (e.g., 9am-5pm)

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of work each day							

4 Applicant work information (continued)

Provide details if applicant shift schedule is varied or rotational: _____

Are there work factors that could be impacting the applicant at work? Yes No Don't know

If yes, please provide relevant details _____

Last date of work (dd/mmm/yyyy) _____ Number of hours worked on last day _____

First day of absence (dd/mmm/yyyy) _____

Was the applicant on leave, or on an alternate work arrangement prior to this absence? Yes No

Was the leave or alternative work arrangement because of the same condition as in the current application? Yes No

5 Occupational demands

Please ensure section 5 is completed by the applicant's supervisor. This section may be separated from the rest of the form if necessary. Please attach a physical demands analysis if available.

Completed by:

Name and title _____ Date completed (dd/mmm/yyyy) _____

In the appropriate column, please specify the frequency and or weight for which the following activities are regularly performed:

Activity	N/A	INFREQUENT	FREQUENT	CONSTANT
		0-33% of the workday	34-66% of the workday	67-100% of the workday
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving / Operating machinery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing up and down the stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the applicant occupation require repetitive movements? <input type="radio"/> Yes <input type="radio"/> No				

Lifting	N/A	INFREQUENT	FREQUENT	CONSTANT	Pushing/ Pulling	N/A	INFREQUENT	FREQUENT	CONSTANT
		0-33% of the workday	34-66% of the workday	67-100% of the workday			0-33% of the workday	34-66% of the workday	67-100% of the workday
0-10 lb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0-10 lb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11-20 lb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11-20 lb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21-50 lb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21-50 lb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51-100 lb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51-100 lb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100+ lb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	100+ lb.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the applicant use a lifting device? <input type="radio"/> Yes <input type="radio"/> No									

Activity	Definition	N/A	INFREQUENT	FREQUENT	CONSTANT
			0-33% of the workday	34-66% of the workday	67-100% of the workday
Understanding and memory	Understanding and remembering instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustained concentration	Maintaining attention and concentration for extended periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social interaction	Interaction with co-workers and/or the general public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptation and multitasking	Response to frequent changes, juggle tasks and prioritizes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting deadlines	The work involves time pressure and deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility and accountability	Errors in judgement or attention can have significant consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 Additional comments / Special instructions

7 Declaration (for the individual completing this form)

I certify that the information in this application is true and complete, to the best of my knowledge.

I understand that the information in this statement will be kept in a Medical Advisory Services file with Manulife and might be accessible by the plan member or third parties to whom access has been granted or those authorized by law. By providing the information **I consent** to such unedited release of any information contained herein.

Name of person completing this form _____ Title _____

Signature _____ Date (dd/mmm/yyyy) _____

If different from section 2, please also provide contact information.

Phone number _____ Ext. _____ Email address _____