ARGUS

The Argus Group
The Bermuda Life Insurance Company Limited

The Argus Building, 12 Wesley St, P.O. Box HM 1064, Hamilton HM EX, Bermuda, Tel: (441) 295-2021, Fax: (441) 292-1505

Employer's Statement of Disability

1. Name of Employer: _____ Policy no: _____
2. Address: _____
3. Name of Employee: _____ Insurance no: _____
4. Employee's Address: _____
5. Date of Birth: _____ Telephone no: _____
6. Occupation: _____ Salary: _____
7. Date employee first absent from work: _____
8. Has the employee worked since the date in (7) above? ☐ Yes ☐ No
9. If yes, please provide dates:
10. Has he/she ever been absent before with the same or any similar condition and if so please provide dates:

    _____

    _____

11. Long term disability benefit: (Percent of Salary, see Policy) _____ %
12. Nature of disability: _____
13. Is the Employee:

    a. Still on payroll? ☐ Yes ☐ No
    b. Absent due to medical reasons? ☐ Yes ☐ No
    c. Terminated? ☐ Yes ☐ No
    d. Back to work? ☐ Yes ☐ No

Other Information

_____

_____

_____

14. Employment Information

    a. Employee's job title as of last day worked: _____

    b. When did the employee commence work in this position? Years _____ Months _____

    c. What are the duties in this job, and how much time does each take per week?

Duties – Describe Fully	Hours Per Week

15. Work Environment:

Does the employee's job require work in any of the following conditions?

		Times Per day	Hours Per day
a. Outside?	☐Yes ☐No	☐	☐
b. In extremes of cold or heat?	☐Yes ☐No	☐	☐
c. In damp or humid environment?	☐Yes ☐No	☐	☐
d. In a noisy Environment?	☐Yes ☐No	☐	☐
e. In a dusty or unventilated environment?	☐Yes ☐No	☐	☐
f. In toxic Fumes?	☐Yes ☐No	☐	☐

15. Does the job involve handling chemicals?

a. If so, please list chemicals:

_____

_____

16. Lifting:

		Times Per Day	Hours Per Day
Does the job require employee to lift, carry, or move any items more than 10 pounds?	☐Yes ☐No	☐	☐

17. Mobility:

a. Sitting	☐Yes ☐No	☐	☐
b. Standing	☐Yes ☐No	☐	☐
c. Walking	☐Yes ☐No	☐	☐
d. Climbing	☐Yes ☐No	☐	☐
e. Driving	☐Yes ☐No	☐	☐
f. Remaining in one position for more than one hour?	☐Yes ☐No	☐	☐

18. Reaching:

a. Above shoulder height	☐Yes ☐No	☐	☐
b. At shoulder height	☐Yes ☐No	☐	☐
c. Below shoulder height	☐Yes ☐No	☐	☐
d. Bending or crouching	☐Yes ☐No	☐	☐
e. Kneeling or crawling	☐Yes ☐No	☐	☐

19. Dexterity: How much of the employee's work requires

a. Finger dexterity? Right hand _____ % _____ Left hand %

b. Hand dexterity? Right hand _____ % _____ Left hand %

20. Vision

How much of the work requires

a. Sharpness of vision? Near _____ % Far _____ %

b. Colour discrimination? _____ %

21. Communication

How much of the employee's time is spent:

Talking_____ % Writing _____% Supervising other people _____%

22. Equipment use:

Please list any office machines, tools or other equipment that the employee uses in this job.

Type of Equipment	Times Per Day	Hours Per Day

22. Please provide a copy of job description, if available.

23. Is the employee entitled to any income benefits other than as stated by the employee in the "Claimant's statement of Disability"? ☐Yes ☐No

24. If Yes Give details:

_____

_____

_____

25. Can this employee perform any of his/her normal duties?

☐Yes ☐No

If yes, give details:

_____

_____

_____

Any Additional Information (if any)

_____

_____

_____

Declaration

We declare that the above statements are accurate and complete, that the above named employee has not returned to work since the date shown as first absent (apart from as shown above) and that the sole reason for this absence has been the disability specified above.

We understand that by furnishing this form and investigating the claim or by accepting proofs of claims Bermuda Life Insurance Company Limited shall not be held to have admitted the validity of any claim or to have waived any of its rights in defence of any claim arising under the policy.

_____ _____

Authorized Signature Date