Sun Life Assurance Company of Canada

Disability Claim Statement – Attending Physician

Claim is for: ☐ Short-Term Disability ☐ Long-Term Disability

Instructions

The Attending Physician must please complete each section of this form, and then sign and date it and return it to us.

You can submit this form and any additional documents by mail or fax:

Mail: Sun Life Assurance Company of Canada, One Sun Life Executive Park, Wellesley, MA 02481

Fax: Short-Term Disability Claims: 781-304-5599
Long-Term Disability Claims: 781-304-5537

If complete and accurate information is not provided, we may need to request additional information, which could delay disability benefits for your patient.

Group policy number

1 Patient information

The patient is responsible for any costs associated with the completion of this form.

Name of patient (first, middle initial, last)			☐ M ☐ F
Street Address	City	State	Zip code
Social Security number	Date of birth (mm/dd/yyyy)	Phone number	
Name of employer (Parent company name)			

2 Diagnosis and history

Please answer as completely as possible. This is important so we can process your patient's disability benefits quickly. If we need to follow up with you, your patient's benefits may be delayed.

Primary Diagnosis (include any complications)	ICD-10 Code
Secondary Diagnosis (if applicable)	ICD-10 Code
Has patient ever had the same or similar condition?..... ☐ Yes ☐ No If "Yes," provide date when condition previously occurred	

For a pregnancy, provide the following:

Expected due date (mm/dd/yyyy)	Actual delivery date (mm/dd/yyyy)	Delivery type ☐ Normal ☐ C-Section
List any complications that caused patient to stop working prior to the expected delivery or that would extend the normal recovery		

2 **Diagnosis and history**, continued

Is patient's injury/sickness work related? ..... ☐ Yes ☐ No ☐ Unknown

Diagnostic Testing Performed

Test	Date	Findings
☐ X-ray		
☐ EKG		
☐ MRI		
☐ PFT		
☐ U/S		
☐ Other:		

3 **Treatment detail**

Start date of disability	Date of first office visit	Date of last office visit	Date of next office visit

Was Emergency Room care required for the condition ..... ☐ Yes ☐ No		
Name of hospital	Date (mm/dd/yyyy)	Phone Number

Check all that apply and describe the type, frequency, and treatment (date and type)

☐ Surgery			
☐ Medications prescribed			
☐ Therapy			
☐ Behavioral intervention			
☐ Other			
Has patient	☐ Hospital Confined	Date from (mm/dd/yyyy)	Date to (mm/dd/yyyy)
	☐ House Confined	☐ Bed Confined	☐ Ambulatory
Hospital Name			

4 **Restrictions and limitations**

Describe what the patient is **unable to do.**	From To
Describe what the patient **should not do.**	From To

4 **Restrictions and limitations**, continued

Is patient capable of working with these restrictions/limitations?..... ☐ Yes ☐ No
☐ Full-time ☐ Part-time: hours/day
If capable of part-time, how long will patient be limited to a part-time schedule?
Do you believe this patient is competent to endorse checks and manage financial affairs? ..... ☐ Yes ☐ No

Sun Life believes that Work is Healthy. We seek to maximize your patient's recovery. Our vocational staff is available to partner with you in focusing on your patient's abilities and returning them to wellness and work.

Patient's dominant hand is: ☐ Left ☐ Right

Patient is able to use hand for repetitive actions such as:

	Simple Grasping	Firm Grasping	Fine Manipulation	Key Boarding
Left	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Right	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

In a typical workday, the patient is able to: **(This is not considered an FCE)**

	Continuously	Frequently	Occasionally	Negligible
Walk	☐	☐	☐	☐
Sit	☐	☐	☐	☐
Stand	☐	☐	☐	☐
Bend	☐	☐	☐	☐
Squat	☐	☐	☐	☐
Climb	☐	☐	☐	☐
Twist	☐	☐	☐	☐
Push	☐	☐	☐	☐
Pull	☐	☐	☐	☐
Balance	☐	☐	☐	☐
Kneel	☐	☐	☐	☐
Crawl	☐	☐	☐	☐
Reach above shoulder	☐	☐	☐	☐
Lift (lbs.)	☐	☐	☐	☐
Carry (lbs.)	☐	☐	☐	☐
Drive	☐	☐	☐	☐
Left foot pedal	☐	☐	☐	☐
Right foot pedal	☐	☐	☐	☐

Cardiac (if applicable) – Functional Capacity (American Heart Association)

☐ No limitation ☐ Marked limitation ☐ Slight limitation ☐ Complete Limitation
How long will these limitations apply? (estimated) ☐ 6-8 weeks ☐ 8-12 weeks ☐ 12-26 weeks Expected recovery date (mm/dd/yyyy):

Mental Impairment (if applicable)	**Current DSM diagnosis**
☐ Class 1 – No limitation	
☐ Class 2 – Slight limitation	
☐ Class 3 – Moderate limitation	
☐ Class 4 – Marked limitation	
☐ Class 5 – Severe limitation	

5 Return-to-work information

Indicate the specific date or recovery period after which the patient will be able to sufficiently perform duties.

Patient can return to his/her part-time occupation in: Date (mm/dd/yyyy): _____ **-or-**

☐ 1-2 weeks ☐ 2-3 weeks ☐ 3-4 weeks ☐ 5-6 weeks ☐ 6-7 weeks ☐ 7-8 weeks

☐ 2 months or more ☐ Never ☐ Other:

Patient can return to his/her full-time occupation in: Date (mm/dd/yyyy): _____ **-or-**

☐ 1-2 weeks ☐ 2-3 weeks ☐ 3-4 weeks ☐ 5-6 weeks ☐ 6-7 weeks ☐ 7-8 weeks

☐ 2 months or more ☐ Never ☐ Other:

6 Other treating physicians

Name of physician		
Specialty	Phone number	Fax number

Name of physician		
Specialty	Phone number	Fax number

If you need more room, check ☐ here and attach a separate sheet.

7 Certification and signature

I certify that the above statements are true and complete. I have read or had read to me the fraud warning for my state

Name of Attending Physician (first, middle initial, last)			Tax ID #
Street address	City	State	Zip code
Specialty	Phone Number		Fax Number

Attending Physician signature (original signature required) X	Date signed (mm/dd/yyyy)

6 Fraud warnings

General fraud warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

AK: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR, LA, MA, MN, TX and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DE, ID and IN: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KS: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MD: Any person who knowingly OR willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NH: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

6 **Fraud warnings**, continued

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR: Any person who, with intent to defraud or knowingly providing false information may be guilty of fraud and may be subject to civil or criminal penalties.

PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TN and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Contact us

By mail
Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481

By fax
Short-Term Disability Claims: 781-304-5599
Long-Term Disability Claims: 781-304-5537

www.sunlife.com/us

Customer Service **800-247-6875** M–F 8:00 a.m. – 8:00 p.m., ET