

Sun Life Assurance Company of Canada

Short Term Disability Claim Packet - Employer



Instructions

Please be sure to submit the Employer's Statement directly to CM Regent Solutions.

An STD claim should be submitted for a disability absence that may extend beyond the required elimination period.

The Employer must:

Prefill the Group STD policy number and Employer name on the Employee and Physician Statements.

Employer is required to include the following (as applicable):

- | | |
|---|---|
| <input type="checkbox"/> Enrollment Form | <input type="checkbox"/> Return-to-Work slip |
| <input type="checkbox"/> W2 | <input type="checkbox"/> Job Description/Occupational Information |
| <input type="checkbox"/> Worker Compensation Report | <input type="checkbox"/> Payroll Ledger |

To file a Disability Claim or check on a status;

CM Regent Solutions
300 Sterling Parkway
Mechanicsburg, PA 17050

- Fax to: 866.691.6291
- E-mail to: EBSS@cmregent.com

Employer's Statement

Group STD policy number

1 General Information

Please print clearly.

CM Regent Solutions
300 Sterling Parkway
Mechanicsburg, PA 17050

EBSS@cmregent.com
Fax: 866.691.6291

Name of employer (parent company name)		Employer phone number			
Employer street address (employee's location)	City	State	Zip code		
Name of employee (first, middle initial, last)		<input type="checkbox"/> M <input type="checkbox"/> F	Social Security number		
Employee street address	City	State	Zip code		
Employee phone number Home Work	Preferred form of contact <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Mail		Date of birth		

2 Employment and Claim Information

Attach Return-to-Work slip from physician.

Attach Worker's Compensation Report and Reward/Denial notice.

Is condition due to injury/sickness caused by patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Date hired	Start date of insurance	Date last worked before disability	Hours worked last day
Employee job title (Attach employee's formal job description)			
List employee's major job duties			
How would you classify the employee's occupation? <input type="checkbox"/> Sedentary (1-10 lbs) <input type="checkbox"/> Light (11-20 lbs) <input type="checkbox"/> Medium (21-50 lbs) <input type="checkbox"/> Heavy (51+ lbs)			
Indicate days per week the employee regularly works? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			
Indicate daily hours the employee regularly works. <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Other:			
Has employee terminated employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, termination date:			
Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, return date: If yes, did employee return: <input type="checkbox"/> Full-Time (full-capacity) <input type="checkbox"/> Full-Time (partial capacity) <input type="checkbox"/> Part-Time (attach payroll ledger)			
Has Worker's Compensation claim been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Worker's Compensation carrier			Phone number

3 Salary and Benefits Information

If employee contributes to STD premium, attach a copy of employee enrollment form

How was the employee paid? (check one)

<input type="checkbox"/> Hourly	<input type="checkbox"/> Salaried
\$ per hour:	\$ per week:

Other work related income:

Commissions	Bonuses	Overtime
\$	\$	\$

How does employee contribute toward the STD premium?

PRE-tax POST-tax Employee does not contribute

If employee contributes, please provide percentage. %

4 Information About Other Income

Indicate whether the employee is currently receiving, or entitled to receive, benefits from any of these sources.

Check all that apply.

Source of income	Payment Amount	Weekly or monthly?	Payment Coverage (M/D/Y)	
<input type="checkbox"/> Sick pay	\$	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly	From:	To:
<input type="checkbox"/> Salary continuance	\$	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly	From:	To:
<input type="checkbox"/> State Disability	\$	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly	From:	To:
<input type="checkbox"/> Worker's Compensation	\$	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly	From:	To:
<input type="checkbox"/> Unemployment	\$	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly	From:	To:
<input type="checkbox"/> Social Security Disability	\$	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly	From:	To:
<input type="checkbox"/> Other:	\$	<input type="checkbox"/> Wkly <input type="checkbox"/> Mthly	From:	To:

5 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 person completing this form	E-mail address
Title	Phone number
Signature (original signature required) X	Date signed

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Fraud Warnings

State law requires that we notify you of the following:

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.

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.