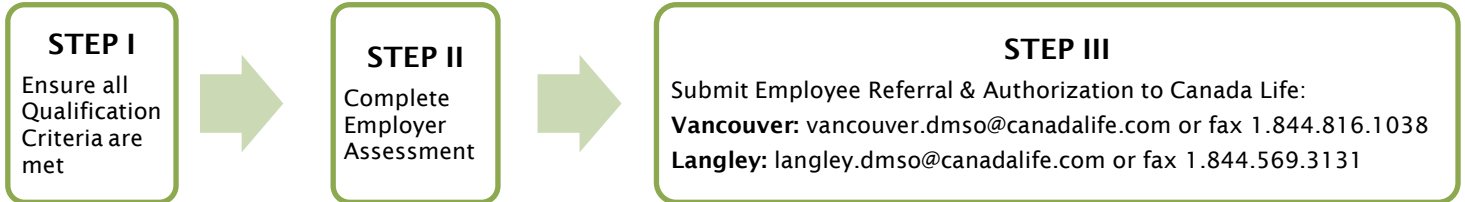


## Early Referral Services

### EMPLOYEE REFERRAL

To be completed by the Employer



### STEP I - QUALIFICATION CRITERIA

The following must be met for Rehabilitation Services to process referral:

- |   |   |
|---|---|
| <input type="checkbox"/> Employee's authorization is received by Canada Life                    | <input type="checkbox"/> The employee's return to <b>employability**</b> may be expedited by rehabilitation           |
| <input type="checkbox"/> Employee is eligible for enrolment in the LTD Plan                     | <input type="checkbox"/> Ideally, the referral is made at least <b>45 days***</b> prior to the LTD qualification date |
| <input type="checkbox"/> A <b>work disability*</b> is present that could result in an LTD claim | <input type="checkbox"/> EDMP Case Management Plan is included in the referral  |
| <input type="checkbox"/> "Employer Assessment" section is completed (next page)                 |   |

\* **Work Disability:** An absence from work or a reduction in work capacity (e.g., reduction in hours or duties) attributed to an illness or injury.

\*\* **Employability:** Ability to perform gainful employment, i.e., an occupation for which the Employee has the education, training and/or experience at a rate of pay defined by the Employee's LTD plan.

\*\*\* Please contact Canada Life if the referral is less than 45 days prior to the LTD qualification date.

### EMPLOYEE INFORMATION/CONTACT

Name		Position Title		Facility		HBT Div	Birthdate (D/M/Y)
Employment Status	FTE	Hourly Pay Rate	HBT Benefits ID No. (BID)	Collective Agreement		Class Code	Union
Apt#	Street			City		Postal Code	
Phone #		Alternative Phone #		Email Address			

### PHYSICIAN CONTACT

Doctor		Phone #	Street		City
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### EMPLOYER INFORMATION

Referred by		Title		Phone #	Email Address	
Workplace Name						
Street			City		Postal Code	
Date						

**STEP II - EMPLOYER ASSESSMENT**

1. Provide general information on the nature of the **work disability**\* (*include: the diagnosis, copies of medical information gathered to date, dates of upcoming medical appointments/specialist referrals if known, Dr's name, RTW dates, current medical treatment plan, prognosis, etc.*) Please ensure that you include copies of all relevant information where available).

2. Describe the specific requirements of the job and outline the current functional abilities compared with the tasks that the employee cannot complete and outline any restrictions and/or limitations (*include Job Demands Analysis and/or Functional Abilities Evaluation, if available*).

3. Describe any work arrangements that have been tried (*e.g., adjusted work hours, modified duties, etc.*).

4. Describe any history related to the absence and/or HR/LR involvement (*e.g., absenteeism, sick time usage, attendance management program, change in performance, poor performance, date and observations around when employee began to struggle at work, safety and/or behaviour concerns, etc.*).

5. Specify any barriers (*i.e., medical, personal, vocational and/or workplace*) and impacting factors that have been identified or observed and whether and/or how these have been addressed with the individual.

**Additional Employer Comments and Current Case Management Plan** (*attach CMP & EDMP Authorization where available*)

Expenditures for rehabilitation from Trust funds can be authorized only when there is evidence of LTD cost savings, as per the Cost Benefit Analysis completed by the Rehabilitation Consultant

*Fax or email completed form to one of the following Canada Life offices:*

- Vancouver DMSO: #1500-1055 Dunsmuir Street, Vancouver, BC V7X 1K8 | Fax: 1.844.816.1038 | Email: [vancouver.dms@canadalife.com](mailto:vancouver.dms@canadalife.com)
- Langley DMSO: 2<sup>nd</sup> floor, 8700-200 Street, Langley, BC V2Y 0G4 | Fax: 1.844.569.3131 | Email: [langley.dms@canadalife.com](mailto:langley.dms@canadalife.com)