

# Employee Checklist



Employee Checklist to Apply for the  
Disability Income Plan

## 1. Employee Name:

---

## 2. Employer/Division:

---

- Contact your Employer/Human Resources Department
- Direction to Pay Form (if applicable)
- Long - Term Disability Benefits - Employee Statement
- Direct Deposit Form/ Void Cheque
- Attending Physicians Statement
- Supporting Medical Information

## 3. Forms can be found on our website:

<https://www.plannera.ca/benefits/disability-income-plan/plan-forms>