

# Employee Checklist



## 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  
(Medical must support the full qualifying period)

- Chart notes
- Investigation/tests
- Consultation reports
- Any additional material

Email Authorization Form

3. Forms can be found on our website:

[www.plannera.ca/benefits/disability-income-plan/plan-forms](http://www.plannera.ca/benefits/disability-income-plan/plan-forms)