

Tips for completing the Employer Statement

Disability Income Plan Enrolment Form:

It is the employer's responsibility to confirm an employee's enrolment in the Disability Income Plan.

Ensure that new employees complete the Public Employees Disability Income Plan Enrolment Form after three months of continuous employment and being actively at work. The completed form should be retained in the employee's personnel file.

Application for Long-Term Disability Benefits – Employer's Statement (Part A):

Section A:

- "Division number" – indicate the Canada Life employer division number

Section C:

- "Last day employee was at work" - indicate the last physical day the employee worked (not including vacation, Earned/Scheduled Day Off (EDO/SDO), etc.
- "Employment class" - if a part-time employee, a breakdown of average earnings is required. If the employee has been employed for >12 months, the breakdown should include one year prior to the last day worked. Example:
 - Last day worked at is September 2, 2025
 - Earnings period would be September 3, 2024, to September 2, 2025
 - If the employee has been employed for < 12 months, the earnings period would be from the first day of employment to the last day worked.
 - If needed, Plannera can provide you with calculation sheets to assist with this process.
- "Pension Plan Information" – indicate the name of the pension plan and the percentage contributed by employee and employer.
- "Union dues information" – indicate the name of the union – for IBEW please confirm "A" or "B" member. If not a unionized employee, indicate N/A. Union percentage does not need to be included.

Section E:

- "Employee's basic pre-disability monthly earnings" – the monthly earnings that the member was in receipt of as of the last day physically at work. Additional compensation such as overtime pay, commissions, etc. are not included in the basic monthly salary.
- "Average monthly commissions" – do not include this amount as these are not considered part of the basic monthly salary.
- "Date earnings ceased or will cease" – indicate the last day the employee received pay. This would include any other entitlements (vacation, EDO, SDO, *sick leave, etc.). *Note: this date may be the same as date sick leave will cease.
- "Date sick leave will cease" – the last day the employee was paid sick leave.
- "Is the employee covered for a) Group Life Insurance and b) Optional Life Insurance" – this should be completed based on current coverage in place and match what is indicated on the Group Life Enrolment Form (GLEF).
- "Date disability premiums paid to" – date that premiums were paid to Plannera through payroll.
- "Amount of last premium" – amount last remitted to Plannera through payroll.

Application for Long-Term Disability Benefits – Employer’s Statement (Part B):

- “When did the employee’s disability first appear to affect his/her work” – the first date the supervisor observed the employee’s disability affecting their ability to perform regular duties. If the supervisor noticed a change—like missed deadlines, reduced productivity, or physical limitations—then they should enter the specific date that was first observed. If no impact was noticed, or if the supervisor is unsure, they can leave the field blank.

Group Life Enrolment Form+ (GLEF):

- “Premiums paid up to date” – date that premiums were paid to Plannera through payroll
- “Basic Annual Salary” – amount should match the basic monthly salary on the Employer statement x 12 months
- “The total amount of insurance in force” - the total of all insurance in force at time of application
- “Amount of last employee premium” – the amount of total group life premium (including basic & optional) last remitted to Plannera by payroll to the premiums paid up to date.