

Policyholder statement (continued)

Section C – Occupational information

What was the participant’s regular occupation immediately prior to his/her stopping work?

Were the participant’s duties modified from his/her regular occupation? Yes No

Please describe this employee’s regular occupation (or attach a copy of the company’s job description) as well as any modifications, if any.

The following physical demands analysis of the participant’s occupation is to be completed by his/her supervisor.
In the appropriate column, please specify the average amount of time (in hours) the following activities are regularly performed:

I) at any one time without a break (approximately) **and**;
II) in total throughout the day (approximately)

Physical demands analysis		I	II
1. Sitting			
2. Standing			
3. Driving			
4. Bending			
5. Climbing up and down the stairs			
6. Lifting	0 - 10 pounds <input type="checkbox"/> 10 - 20 pounds <input type="checkbox"/> 20 - 50 pounds <input type="checkbox"/> 50 pounds + <input type="checkbox"/> with lifting device? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Pushing/Pulling	0 - 10 pounds <input type="checkbox"/> 10 - 20 pounds <input type="checkbox"/> 20 - 50 pounds <input type="checkbox"/> 50 pounds + <input type="checkbox"/>		

Please describe work environment (i.e. temperature, noise levels, chemical/dust exposure, etc.)

Does the participant wear personal protective equipment (i.e. safety glasses/footwear, respiratory protection, ear protection, etc.)?
If Yes, please describe.

I certify that the information given above is true and complete.

Date (YYYY/MM/DD)

Name (please print)

Telephone no.

Signature of the authorized person

Job title