MUNICIPAL EMPLOYEES DISABILITY INCOME PLAN

**NOTICE OF MEDICAL ABSENCE**

**STATEMENT OF EMPLOYER**

Employers are required to submit this form the Municipal Employees Benefits Program (MEBP) within 60 days from the employee's last day of work.

Employer Number:_____ Employer Name:_____

Name of Employee:_____

Employee's Mailing Address:_____

E-mail Address:_____ Telephone Number (____)_____

Last day physically at work:_____

First day work missed due to medical condition _____

Earnings Rate **$**_____ ☐ hourly ☐ bi-weekly ☐ monthly ☐ annual
(On last day worked)

When did this Earnings Rate become effective _____?

For employees paid hourly, number of hours worked based on full time employment (ie. 8 hrs/day = 2080/year):_____

1. Does your workplace provide short term disability benefits (not sick pay) for this employee: ☐Yes ☐No
2. If the employee is a member of a collective agreement, please identify the union affiliation and the date the contract expires:_____
3. Position regularly occupied:_____
4. Employment Status: ☐ Full-time ☐ Part-time ☐ Seasonal ☐ Permanent ☐ Temporary
5. Is this absence due to a work-related injury/illness? ☐ Yes ☐ No
6. Based on the most recent medical note, when is this employee expected to return to work?

   _____
7. Periods of absence from work due to illness/medical condition during the past six months (please **list dates** or provide a copy of attendance records that lists the dates missed).

   _____

   _____

   _____
8. A job description is required to adjudicate claims for disability benefits.
   A job description is attached ☐ A job description will follow ☐
9. General remarks. Include details of any recent changes in the applicant's employment status, attempts to accommodate the applicant with more suitable job duties in view of their medical condition and provide any other relevant information which should be taken into consideration.

   _____

   _____

I certify that the information provided is correct to the best of my knowledge.

Date:_____ Authorized Signature:_____

Contact Name:_____ Phone:_____ E-mail_____

**If this form is not fully or correctly completed, the application process will be delayed**