

# LONG TERM DISABILITY - OCCUPATIONAL DEMANDS

ReliaStar Life Insurance Company, Minneapolis, MN  
ReliaStar Life Insurance Company of New York, Woodbury, NY  
Members of the *Voya*® family of companies  
(the "Company")



**Submit at [voya.com/claims](http://voya.com/claims)** (select *Upload Documents*);  
Disability Reinsurance Management Services, Inc.  
is the claims administrator on behalf of the Company.  
P.O. Box 9757, Portland, ME 04101-9757  
Phone: 888-305-0602; Fax: 888-305-0605

## CLAIM CHECKLIST

- SIGN and DATE this completed form, then submit using one of the above methods.
- This form should be completed by the Employee's immediate supervisor (who may request assistance from the employee) or by another individual possessing comprehensive knowledge regarding the occupational demands of the Employee's job.
- Forward this completed form to the Attending Physician for review in completing the **Attending Physician's Statement of Impairment and Function**.

## SECTION 1. GROUP INFORMATION

Group Name \_\_\_\_\_ Group Policy Number \_\_\_\_\_

## SECTION 2. EMPLOYEE / INSURED INFORMATION

Select, if applicable.:  International / Foreign Address

Employee / Insured Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ International Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Job Location \_\_\_\_\_

## SECTION 3. PHYSICAL DEMANDS (Attach copy of Employee's job description.)

Indicate the number of times per day the listed activity is performed:

	Lifting (includes pushing and pulling effort while stationary)	Carrying (includes pushing and pulling effort while walking)
1-5 pounds		
6-10 pounds		
11-25 pounds		
26-50 pounds		
51-100 pounds		
100 pounds or more		

What are the average hours per day worked on this job? \_\_\_\_\_

What are the average days per week worked on this job? \_\_\_\_\_

Is overtime required?  Yes  No If "yes," how often? \_\_\_\_\_ hours/day; \_\_\_\_\_ days/week

Indicate percent of day each activity is performed:

Sitting \_\_\_\_\_% Standing \_\_\_\_\_% Walking \_\_\_\_\_% Inside work \_\_\_\_\_%

Outside Work \_\_\_\_\_% Working With Others \_\_\_\_\_% Working Around Others \_\_\_\_\_% Working Alone \_\_\_\_\_%

Group Policy Number \_\_\_\_\_

Employee / Insured Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

**SECTION 3. PHYSICAL DEMANDS (Continued)**

Indicate extent of performance of each of the following:	Often	Significant	Seldom	Never
Ascending and descending stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ascending and descending ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching below shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use of hands for repetitive action:

Manual dexterity (hold, grasp, turn):  Right  Left

Finger dexterity (pinch, pick, use keyboard):  Right  Left

Occupational requirements:

Far vision  Near vision  Hearing  Talking  Depth perception  Other (Explain) \_\_\_\_\_

**SECTION 4. EMOTIONAL STRESS**

Does the employee have to answer to customer complaints?  Often  Sometimes  Not at all

The employee is expected to perform the job at a normal, somewhat leisurely, pace:

Most of the time  Some of the time  Occasionally \_\_\_\_\_% of the time

The employee is expected to perform the job at a rapid pace:

Most of the time  Some of the time  Occasionally \_\_\_\_\_% of the time

Must this employee depend upon the assistance of others in order to accomplish his/her daily tasks? . . . . .  Yes  No

If "yes," how often?  Most of the time  Occasionally \_\_\_\_\_% of the time

How closely must the employee work with fellow workers?  Very Closely  Significant Contact  Minor Contact

How many employees does this employee supervise? \_\_\_\_\_

Is this employee routinely subject to close supervision? . . . . .  Yes  No

Does the employee's job consist primarily of prescheduled activities, or of tasks that arise randomly during the day?

Primarily Prescheduled  Primarily Random

What percentage of the employee's time is spent meeting deadlines set by others? \_\_\_\_\_%

How much responsibility does the employee have for the overall performance of his/her particular department?

100%  Great deal  Significant  Minor

In your opinion, what degree of emotional stress is this employee subject to during the performance of the job?

Great  Significant  Some  Very little

The above questions, both those involving physical demands and those involving emotional stress, require primarily objective answers. Your subjective and/or supplementary comments would also be appreciated.

**SECTION 5. EMPLOYER CERTIFICATION**

I certify that to the best of my knowledge the above statements are true and correct.

**New York Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

Employer Name \_\_\_\_\_ Title \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

By typing your name in the box below, you are electronically signing this document. Your electronic signature will be legally binding and enforceable and the legal equivalent of your handwritten signature.

 Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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## FRAUD WARNINGS

**Alabama, Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Minnesota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Washington, West Virginia:** Any person who, knowingly with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

**Arizona:** For your protection Arizona Law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Hampshire:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.