Catalyst

WEEKLY INDEMNITY BENEFITS

A. What are weekly indemnity benefits?

- Weekly indemnity benefits supplement hourly employees' income (approximately 60%) when an employee is unable to work for a medical reason supported by a physician.
- Weekly indemnity benefits are provided by BC Life Casualty Company for the CEP

B. When to apply for weekly indemnity benefits

- You should apply for weekly indemnity benefits if,
  - ✓ you are unable to work because of a non work related illness, injury or a planned surgery
  - ✓ you are unable to work because of a work related illness or injury and you have submitted a WCB claim but the claim has not yet been adjudicated or accepted

C. Collection weekly indemnity benefits

- "Weekly Indemnity benefits will be payable beginning with the 1st day of disability caused by non-occupational accident and beginning with the 4th day of disability caused by non-occupational sickness, except that in those cases of non-occupational sickness, which result in the claimant being hospitalized as a bed patient, and in those cases where surgery is performed which necessitates loss of time from work, benefits will be payable beginning the 1st day of sickness."

- "If you become disabled and are seen and treated by a licensed doctor (M.D.); and absent from work for more than the waiting period; **short term benefits will be made to you for the period following the later of; the date you are first seen by and treated by a licensed doctor (M.D.)...During this period of disability you must be under continuous care of a physician licensed to practice medicine."** Benefits will be payable for a maximum of 52 weeks during one period of disability."

D. Responsibilities at work

- Ensure you contact your Supervisor directly regarding your absence from work
- You are responsible for ensuring human resources has your correct mailing address.

E. Applying for weekly indemnity benefits

- Weekly indemnity forms are available at Security.
- Arrange to have your physician complete the physician's form.
- Complete the employee's statement; be sure to sign and date the form.
- Return the forms to the HR Administrative Assistant who will fax them to BC Life.
- You or your physician can fax the physician's form directly to. Follow up to ensure it has been sent.
- Complete and sign the Request for Bank Deposit and attach a "VOID" cheque. If you do not have VOID cheques, payment can be made to the same account your direct pay is deposited into. Sign the form attached.

F. The duration of your claim

- Once your claim has been accepted you will be paid until the date your physician indicated on your physician's form as your expected return to work date.
- If you are unable to return to work, you must submit additional medical information; supplementary physician statement forms will be sent out by BC Life and are also available at Human Resources Forward the completed form to BC Life or to the HR Administrative Assistant who will fax it for you.
- Depending on the length of your claim and nature of your illness or injury, BC Life will periodically request updated medical information. If you do not provide updated medical information as required your claim will be suspended or denied.
- When your physician has recommended you can return to work

G. Returning to work

- If you return to work on a graduated return to work under your physician's recommendations,
- If you are ready to return to work and have been off for more than 30 days and/or require a graduated return to work, your doctor will need to complete the Physician's Assessment for Return to Work Form. Return this form to HR to arrange a return to work meeting.
- You will be paid by the mill the for the hours you work and will be topped up by BC Life for the remainder of the amount you were receiving from BC Life while you were off of work.

H. Vacation pay and banked overtime

- You cannot claim vacation or any type of paid absence while receiving weekly indemnity benefits.
- If you have previously scheduled time off and will be receiving benefits during that time, contact your supervisor or scheduler to cancel it.

I. Contact information

Human Resources Administrative Assistant	**Cathy Lindenthaler**	604 - 483-2830
Human Resources Advisor	**Marie Nygaard**	604 – 483-2705
Specialist, Occupational Health	**Doreen Yanick (Nanaimo)**	250 - 734-8005
Assessment Resource Service	**EFAP Counselling**	604 - 485-2800

British Columbia Life & Casualty Company

Providing members with the information they need

Helping You During a Difficult Time

Who is BC Life?

British Columbia Life and Casualty Company (BC Life) is based in British Columbia and owned by Pacific Blue Cross. In addition to supporting employees who are experiencing a disability, we also provide life insurance products for BC residents.

As your disability benefits provider, we understand how difficult it can be when you're no longer able to do everything you did before; when an accident or illness prevents you from working. What we also know is that work is an integral part of living a meaningful and productive life.

Reflecting on his momentous *Man in Motion World Tour*, Rick Hansen said:

"The original vision was not to raise money. It was to demonstrate the potential of people with disabilities if barriers were removed. The intention was to draw attention to the fact that people with disabilities could make great contributions and achieve amazing things if they put their mind to it and society was enabling."

At BC Life, we believe there is a difference between having symptoms and being disabled. There is also a difference between being disabled from your occupation and disabled from work in general. Our goal is to help navigate these differences and remove barriers to help you get back to making the most of your abilities. We want to help you get back on track so you can move towards achieving what you are capable of.

It's not a one-person show, it's a partnership

A disability is a period of transition. In order to best support you through this difficult period in your life, we work with you, your employer or plan administrator and various other support systems. Our success depends on our ability to work collaboratively.

It's OUR responsibility to

- Conduct prompt and fair assessments
- Work with you to develop a return to work plan
- Communicate openly and completely with you
- Partner with you and your employer to ensure an early and safe return to work
- Determine your ability to function in a workplace

It's YOUR responsibility to

- Provide us with complete information, including completed claim forms with supporting medical documentation
- Let your supervisor/manager know how you are doing and provide updates on your progress
- Actively participate in evaluations and telephone interviews
- Help to develop a return to work plan

It's YOUR EMPLOYER'S or PLAN ADMINISTRATOR'S responsibility to

- Provide accurate information to BC Life including insurance details and job information
- Be actively involved in helping you return to work
- Keep open and continuous communication with you while you are away from work

Contact BC Life
Tel 604 419-8040
Fax 604 419-8055
Toll-free 1 888 275-4672
www.pac.bluecross.ca

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BC Life British Columbia Life & Casualty Company

Providing members with the information they need

Understanding the Disability Claim Process

Step 1 — Paperwork

Your plan administrator will provide you with the necessary forms. There are three:

1. **Employer form(s)** to be completed by your plan administrator.
2. **Employee form(s)** to be completed by you.
3. **Medical form** to be completed by your doctor with all clinical notes, consultation reports and test/investigation reports from the date disability started to the current date.

For Short-term disability (STD) forms, please submit them as soon as possible. For Long-term disability (LTD), BC Life recommends that you submit all forms at least eight weeks prior to the end of the waiting period.

Step 2 — Assessment

BC Life will review the information provided: Do we have everything we need to assess your claim?

- If your claim is approved, move on to Step 3.
- If we don't have everything we need to make a decision about your claim, we will ask you for more information. This may include a telephone interview with you and/or your employer to determine how your current function affects your ability to do your day-to-day job.

Step 3 — Payment

How much? Payment periods depend on the arrangements made with your plan administrator. The amount payable also depends on your policy. Consult your benefits booklet.

When? Payment will be issued after the waiting period has ended.

- STD is paid weekly or bi-weekly.
- LTD is usually paid monthly.

Step 5 — Return to Work

It can be difficult to go back to work after a long absence. We will work with you to help you integrate back into your workplace.

Step 4 — Develop a Plan

BC Life's case management philosophy is based on our belief that an early and safe return to work is a healthy part of recovery. If you require assistance, we will work with you and your employer to develop a return to work plan specific to your needs.

www.pac.bluecross.ca

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Employee Responsibilities: You become ill or injured on the job:

- Advise your supervisor you are going to **Protection Services** to report the injury or illness.

A. **Protection Services** advises you to return to work - follow column A below.
B. **Protection Services** advises you to seek further medical attention - follow column B below.

A. **Protection Services advises employee to return to work:**	B. **Protection Services advises employee to seek medical attention:**
▪ Report back to your supervisor to do an **incident investigation.** ▪ If you are not able to return to your regular duties right away, discuss your concerns with your supervisor who will determine if alternate duties are available. ▪ Your supervisor can modify your work for remainder of tour or work week. ▪ If you feel you will need to extend your modified work beyond the tour or work week notify your **supervisor** immediately. **See Column B.**	▪ **Protection Services** will provide you with the ***Physician's Assessment of Return to Work form and/or an offer of modified duty*** from your supervisor to take to the doctor. ▪ If your doctor indicates you can **return to full duties**, report back to **protection services** and **your supervisor.** ▪ ***You will need to attend an incident investigation upon your return.*** ▪ If your doctor indicates you can perform some type of alternate work, return to **protection services** after your appointment with the ***Physician's Assessment of Return to Work form.*** **Protection services** will contact your **supervisor** and **human resources** who will schedule a modified work meeting which could involve a **union representative.** ▪ Attend regular update meetings with your **supervisor** to review your progress. ▪ If at any time you have concerns with your modified work plan, talk to your **supervisor, protection services, union representative.** ▪ Provide **human resources (2830)** updates from your doctor **(Physician's Assessment of Return to Work form)** for your modified work plan as required. ▪ Provide **human resources** a doctor's note approving your return to regular duties when you are ready. ▪ If your doctor indicates you **cannot return to work** you will need to return the completed **Physician's Assessment of Return to Work** form to **protection services** after your appointment and you must also notify your **supervisor** and **human resources (2830)** that you are unable to return to work. ▪ If needed you may elect to complete the weekly indemnity benefit forms to ensure you will get paid while you are off. When your WorkSafe BC claim is accepted, you will have to pay back any Weekly Indemnity money received. ▪ If you are off work you may be contacted by the company **occupational health nurse (Nanaimo)** to see how you are doing.

Employees Responsibilities (cont'd): You become ill or injured off of the job:

- Inform your supervisor you will be away from work, it is your responsibility to keep in contact with your supervisor regarding your status while you are off of work.
- Complete the Weekly Indemnity Benefit forms (available from protection services).
- Expect calls from your union representative, supervisor, scheduler, human resources and occupational health nurse during your absence to see how you are doing and to ensure you are aware of the rehabilitation and reintegration program available to you.
- The mill will provide transitional work whenever possible (modified duties, hours).

A. You are ready to return to work but will require **modified duties or hours** - follow column A

B. You are ready to return to work but have been off of work for **more than 30 days** - follow column B

C. You are ready to return to work and have been off work **less than 3 days**– follow column C

A. You are ready to return but will require modified duties or hours:	B. You are ready to return to regular work but have been off of work for more than 30 days:	C. You are ready to return to regular work and off for less than 3 days:
▪ Advise your **supervisor, human resources or scheduler.** ▪ Provide **human resources (2830)** recommendations from your doctor ***Physician's Assessment of Return to Work form*** to guide the modified work plan. ▪ Human resources will arrange a modified work meeting with **you, your supervisor** and a **union representative.** ▪ If at any time you have concerns with your modified work plan, talk to your **supervisor or union representative.** ▪ Attend regular update meetings to review your progress. ▪ Provide updates from your doctor as required ▪ Provide **human resources** a doctor's note approving your return to regular duties.	▪ Prior to returning to work you must provide a ***Physician's Assessment of Return to Work form*** completed by the doctor approving your return to regular duties. ▪ You need to contact **human resources (2830),** the **scheduler (2729)** and your **supervisor** regarding your return to full duties. ▪ **Human resources (2830)** may arrange a return to work meeting if you have been off work beyond 3 to 6 months.	o **For non work related illness**: advise the **scheduler (2729)** and your **supervisor** prior to returning to work. o **For non work related injury:** please provide a note from your doctor approving your return to regular work. Advise the **scheduler (2729)** and your **supervisor** prior to returning to work.

British Columbia Life & Casualty Company

Short Term Disability **Claim Form**

Failure to provide all information requested may delay this claim.
You must submit this claim to BC Life by the policy claiming deadline.

Disability & Life Claims Department
PO Box 7000 Vancouver BC V6B 4E1
Telephone 604 419-8040 Toll-free 1 888-275 4672
Fax 604 419-8055

Employee's Statement (Please type or print in ink)

Name _____ Sex ☐ F ☐ M Social insurance number _____

Date of birth [ ][ ][ ] (Mo Day Yr) Job title _____ Number of years in this job _____

Address _____ Box no. (if applicable) _____

City _____ Province _____ Postal Code _____ Phone number _____

Date you became unable to work [ ][ ][ ] (Mo Day Yr) Date first able to return to work [ ][ ][ ] (Mo Day Yr)

Date you first saw a doctor after you stopped working [ ][ ][ ] (Mo Day Yr)

Name and phone number of physician(s) _____

Are you entitled to receive any income from other income replacement plans or sources? ☐ Yes ☐ No

If yes, amount of other income $_____ Name of company _____

Accident Information (complete this section if your claim is the result of an accident)

Date of accident [ ][ ][ ] (Mo Day Yr) Time of accident _____ ☐ A.M. ☐ P.M.

Where did accident happen? ☐ Work ☐ Home ☐ Elsewhere (specify) _____

Describe how the accident happened _____

_____

Signature/Authorization

I, the undersigned, hereby make claim for short term disability benefits. I certify that the above facts are true and complete and authorize the release to British Columbia Life & Casualty Company (BC Life) all medical reports and other information requested to assess my claim.

Signature of employee _____ Date [ ][ ][ ] (Mo Day Yr)

Employer's Statement

Name of employee _____ Date of hire [ ][ ][ ] (Mo Day Yr) Identification number _____

Employer name _____ Policy number _____

Division _____ Class _____ Sub-division (if applicable) _____

If self-reporting, provide effective date of coverage for: STD [ ][ ][ ] (Mo Day Yr) LTD [ ][ ][ ] (Mo Day Yr) Premiums paid to [ ][ ][ ] (Mo Day Yr)

Has coverage been cancelled? ☐ Yes ☐ No If yes, provide date [ ][ ][ ] (Mo Day Yr) Reason _____

Date last worked [ ][ ][ ] (Mo Day Yr) Basic earnings $_____ Hours per week ____

As of today, has this employee returned to work? ☐ Yes ☐ No If yes, provide date returned to work [ ][ ][ ] (Mo Day Yr)

Is absence due to an occupational injury or illness? ☐ Yes ☐ No

Has claim been filed with the Worker's Compensation Board ☐ Yes ☐ No If yes, date filed [ ][ ][ ] (Mo Day Yr) Status _____

Employee's job title and duties _____

If the employee has holidays scheduled, or is on any type of leave during this absence, please complete the following:

☐ Leave of absence ☐ Paid sick leave ☐ Holidays ☐ Bereavement ☐ Maternity Provide dates [ ][ ][ ] (Mo Day Yr) TO [ ][ ][ ] (Mo Day Yr)

Please include any other information which may help BC Life assess this claim _____

This certifies that according to our records, the employee was covered under our plan when this absence commenced.

Signature of authorized official _____ Title _____ Date [ ][ ][ ] (Mo Day Yr)

Attending Physician's Statement - Accurate assessment of this claim depends on each question being answered in full.

1. Name of patient _____ 2. Date of birth [ ][ ][ ] Mo Day Yr

3. Primary diagnosis _____

4. Other condition(s) that may affect recovery _____

5. If patient is pregnant, provide expected date of delivery [ ][ ][ ] Mo Day Yr

6. If condition is due to an accident, provide date accident occurred [ ][ ][ ] Mo Day Yr

7. If reported to W.C.B. or related to patient's occupation, provide details _____

8. Subjective complaints, including date of onset, severity and frequency _____

_____

9. Diagnostic studies and findings **(please include copies of results)** _____

_____

10. Date your patient was advised to stop working [ ][ ][ ] Mo Day Yr

11. Date of first visit after your patient stopped working [ ][ ][ ] Mo Day Yr

12. Date of most recent treatment [ ][ ][ ] Mo Day Yr

13. If you have referred patient to a specialist, provide name(s) of physician, speciality and appointment date _____

_____

14. If patient was referred to you, provide name of referring physician _____

15. If hospitalized, name of hospital _____ Dates confined to hospital [ ][ ][ ] Mo Day Yr TO [ ][ ][ ] Mo Day Yr

16. What surgery if any was performed? _____ Date of surgery [ ][ ][ ] Mo Day Yr

17. Treatment (e.g. medication & dosage, physiotherapy, psychotherapy, etc.) and frequency _____

_____

18. Check dates of visits exclusive of above procedures

Place	Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Office																																	
Hospital																																	

19. Restrictions (what patient should not do) _____

20. Limitations (what patient can not do) _____

21. If appropriate treatment is followed, do you expect your patient to return to pre-illness/injury functioning? ☐ Yes ☐ No

22. If yes, provide date [ ][ ][ ] Mo Day Yr OR from today, the estimated number of weeks before recovery _____

23. If no, please explain _____

_____

Name of physician (print) _____ MSC number _____

Address _____ Phone _____ Fax _____

Specialty _____ Signature _____ Date signed [ ][ ][ ] Mo Day Yr

Authorization of Patient

I authorize the release to British Columbia Life & Casualty Company (BC Life), all medical reports and other information requested to assess my claim.

Signature of patient _____ Date [ ][ ][ ] Mo Day Yr

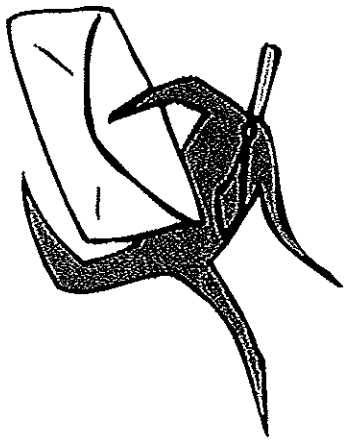
The patient is responsible for any charges made for completion of this form.

Direct Deposit

for Pacific Blue Cross & BC Life claim payments

Direct deposit is a safe, convenient and confidential way for you to receive your claim payments.

How does it work? After adjudicating a benefit claim, we send an electronic message to your bank crediting your account with the amount your benefit plan pays for the product or service.



It's convenient

No more waiting for the letter carrier to deliver a cheque. Money is available as soon as it is deposited, even if you are unable to get to the bank or are away on holidays.

It's safe

Unlike paper cheques which can sometimes go astray or can be forgotten in a jacket pocket; payments made through direct deposit always reach their destination.

It remains confidential

Your information is safe with us. As a health organization, we regularly receive and process confidential information, so our systems have been designed with security and confidentiality in mind.

It's flexible

Signing up, making changes to your bank information and cancelling direct deposit can be initiated any time you choose. Simply complete a *Direct Deposit Enrollment form* and send it directly to Pacific Blue Cross. These forms are available on our website at www.pac.bluecross.ca or from our office, located in Burnaby.

Questions you may have...

How will I know that my claim payment has been deposited?

Two ways: First, your bank statement will indicate an electronic payment has been made to your account. Second, you will continue to receive *Explanation of Benefits* (EOB) statements by mail.

How do I sign up?

Simply complete a *Direct Deposit Enrollment form* and send it directly to us. These forms are available on our website at www.pac.bluecross.ca or from our office.

What happens if the direct deposit fails?

If a bank account is closed or the account number we have on file is incorrect, the direct deposit procedure could fail. In this case we will mail you a cheque.

Does Pacific Blue Cross/BC Life charge for this service?

No. We provide this convenient service at no charge to you or your employer.

What if I have more than one plan with Pacific Blue Cross/BC Life?

- **If you are the cardholder on both plans:** Once direct deposit arrangements are complete, payments from both plans will be deposited directly into your bank account. Only one bank account can be used per person, regardless of the number of plans on which you are a cardholder.
- **If you are the cardholder under one plan, and your spouse is the cardholder of the other plan:** To protect the confidentiality and privacy of your information, each of you will need to complete a Direct Deposit Enrollment form.

If I sign up for direct deposit, how can I be sure that no one else will have access to my account?

Your banking information is safe with us. As a health organization, we regularly receive and protect confidential information. Our access to your account is limited to the depositing of claim payments. Only you can authorize withdrawals from your account.

Receiving your money through direct deposit is actually more reliable and confidential than being paid by cheque because fewer steps are involved in the delivery and deposit of your claim payment.

PACIFIC BLUE CROSS™ BC Life

0264-41-70-165 08/08 CUPE1816

PACIFIC BLUE CROSS™ BC Life

Direct Deposit Enrollment

To have your claim payments deposited directly to your account, complete and return this form to:

Pacific Blue Cross/BC Life
Attn: Group Administration Department
PO Box 7000 Vancouver, BC V6B 4E1

Member Information

Last name	First name	Identity number	
Extended Health Care group number E 004356	Dental Care group number D 907312	BC Life policy number 43717	
Address	City	Province	Postal code
Daytime phone number	E-mail address		

Action Requested

☐ Initial set-up of direct deposit

☐ Change to existing direct deposit — Effective date of change (MM/DD/YY)

☐ Termination of existing direct deposit — Effective date of termination (MM/DD/YY)

Financial Institution Information

Attach your sample cheque marked *VOID* in the space below. If you do not have a void cheque, attach a copy of a bank statement that clearly indicates the branch number, financial institution number and your account number, or have your bank complete the section below. *The information must be for the account into which you would like the claim payments deposited.*

Name of financial institution			
Address	City	Province	Postal code
Branch number (5 digits)	Financial institution number (3 digits)	Account number (up to 12 digits)	
Teller stamp			

Direct Deposit Authorization

I understand that the personal information on this form is collected and used to deposit payments to my account in accordance with the privacy policy of Pacific Blue Cross/BC Life.

I hereby authorize the use of my Social Insurance Number when applicable, for direct deposit purposes and for the identification and administration of my benefits under the above policy, extended health or dental group numbers. I understand that PBC/BC Life will not use my personal information for any purpose except to administer my benefits and to pay claims.

I hereby authorize PBC/BC Life to deposit, until further notice by me in writing, payments due to me into my account. I agree that PBC/BC Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue payment by direct deposit.

Member name (print)	Member signature	Date (yyyy/mm/dd)

A copy of our privacy policy is available by contacting Pacific Blue Cross. It is also available on our website at www.pac.bluecross.ca.

0264-41-70-105 03/09 GUPE1616

British Columbia Life & Casualty Company

Employer _____

Policy No_____ Division No _____

Because of the Federal Income Tax Act provision which states that my taxable income shall include any benefits received under my Employer's disability insurance plan, I hereby consent to the withholding of Federal Income Tax from any benefits payable to me for this claim to the extent that such tax applies to such benefits.

O 10% O 15% O 20% O Other _____%

_____

Employee Name

_____ Date: |____|____|____|

Employee's Signature MM DD YY

Return completed form to:

BC Life & Casualty Company
Disability & Life Claims
PO Box 7000
Vancouver BC V6B 4E1
Tel: 604 419-8040 or 1-888-275-4672
Fax: 604 419-8055

Catalyst

Powell River Division

Employee Rehabilitation and Reintegration Process

Dear Employee:

Catalyst Paper is dedicated to minimizing the human and financial cost of injury and disability by developing an individualized, safe and timely process for rehabilitating and reintegrating employees back to meaningful and productive work following an injury or illness.

For **Modified/Light Duty or a Graduated Return to Work**, please ensure you take the attached form when you visit your doctor. The **Physician's Assessment - Stay At Work / Return to Work Form**, is designed to assist your doctor in providing the necessary information to facilitate your safe and timely return to work.

Note To Physician

Dear Physician:

To assist us in facilitating a safe and timely return to work for our employee, your assistance in completing the **Physician's Assessment of Stay At Work/Return to Work** form on the attached form would be greatly appreciated.

Please return the completed form directly to the employee.

Catalyst Paper Contact:

Cathy Lindenthaler
Human Resources Catalyst Paper Powell River Division
Fax: 604-483-2903

Reimbursement for completion of this form will be made according to the BCMA Guide to Fees Code A00032 upon receipt of an original mailed invoice.

Catalyst Paper, Powell River Division

Physician's Assessment - Stay At Work/Return To Work Form

Worker's Name		Date of injury/illness	

☐ **The employee can return to work with no restrictions.**
☐ **The employee can return to work with the following limitations and restrictions.**

Walking	☐ Restricted to less than 1 hour ☐ Restricted, other – please specify_____ ☐ **No Restrictions**
Standing	☐ Restricted to less than 1 hour ☐ Restricted, other – please specify_____ ☐ **No Restrictions**
Sitting	☐ Restricted to less than 1 hour ☐ Restricted, other – please specify_____ ☐ **No Restrictions**
Bending /Twisting, Repetitive Movement	☐ No bending or twisting. ☐ No repetitive movements ☐ Restricted, other – please specify_____ ☐ **No Restrictions**
Lifting/Carrying Floor To Waist	☐ No lifting ☐ no carrying ☐ No lifting over 20 lbs. ☐ No carry over 20 lbs. ☐ No lifting over 40 lbs. ☐ No carry over 40 lbs. ☐ **No Restrictions**
Lifting/Carrying waist to head	☐ No lifting ☐ no carrying ☐ No lifting over 20 lbs. ☐ No carrying over 20 lbs. ☐ No lifting over 40 lbs. ☐ No carrying over 40 lbs. ☐ **No Restrictions**
Pushing/Pulling	☐ Restricted, please specify_____ ☐ **No Restrictions**
Reaching Above/Below Shoulder	☐ Restricted, please specify_____ ☐ **No Restrictions**
Climbing Stairs/Ladder	☐ Restricted, please specify_____ ☐ **No Restrictions**
Kneeling/Crouching	☐ Restricted, please specify_____ ☐ **No Restrictions**
Gripping/Grasping, Fine Manipulation	☐ Restricted, please specify_____ ☐ **No Restrictions**
Memory/Concentration, Judgment	☐ Restricted, please specify_____ ☐ **No Restrictions**
Equipment Operation/Driving	☐ Prescription medication prohibits driving ☐ No night time driving/equipment operation
Specific Situations To Be Avoided	Please Specify
Other Comments/Recommendations	

☐ **Graduated Return:** Start date: _____ Hours/day: _____

Days/week: _____

Estimated duration _____ Follow up appointment: _____

☐ Reviewed Offer of Modified duties and employee is able to return to work with the above restrictions.

Physician's Name (please print): _____

Address: _____ **Telephone:** _____

_____ **Fax No.:** _____

Signature: _____ **Date:** _____