Rehabilitation earnings statement – ASO Deduction Support

Sun Life

Sun Life Assurance Company of Canada, a member of the Sun Life group of companies, is committed to keeping your information confidential.

Instructions:

- During the rehabilitation program, please provide a completed form:
  - At the end of each week for Short-Term Disability (STD) claims,
  - At the end of each month for Long-Term Disability (LTD) claims.
- Retain the original blank copy of this form for future submissions.
- Please email the completed form to: ***rehab.da@sunlife.com***. To ensure the privacy of your member's personal information, send this completed form by email only if you have secure Transport Layer Security (TLS) email set-up.
- If you do not have TLS secure email, please fax the completed form to: **1-866-639-7846.**

Clear

1 To be completed by plan sponsor

Ensure each field is completed.

☐ STD ☐ LTD

Plan member's last name		Plan member's first name
Contract number	Certificate number	Control number

Pre-disability hours

Pre-disability job number of hours: Hours per week

Has the member returned to their regular **pre-disability work schedule**? ☐ No ☐ Yes If yes, provide date: Date (dd-mm-yyyy)

Rehabilitation earnings

For STD claims:

- For the first week of the gradual return to work, please provide the member's earnings from the first day of the return to work to the last day of the week.
- For the last week of the gradual return to work, please provide the member's earnings from the first of the week up to the day before the return to their regular pre-disability work schedule.

For LTD claims:

- For the first month of the gradual return to work, please provide the member's earnings from the first day of the return to work to the last day of the month.
- For the last month of the gradual return to work, please provide the member's earnings from the first of the month up to the day before the return to their regular pre-disability work schedule.

From Date (dd-mm-yyyy)	To Date (dd-mm-yyyy)	Number of hours	Hourly rate	Gross earnings
Hours worked			$	$0.00
Other pay (i.e., sick leave, vacation hours, etc.) Please specify in the comments section below.			$	$0.00
Total				$0.00

Please provide any deductions made from the above-reported rehabilitation earnings:

CPP	EI	QPP	QPIP
$	$	$	$

1 To be completed by plan sponsor (continued)

Does the member work weekends? ☐ No ☐ Yes

Comments

2 Contact information

Contact person's last name	Contact person's first name	Date form completed (dd-mm-yyyy)

Email address	Telephone number	Extension