



ATTENDING PHYSICIAN'S STATEMENT

X 427 (R2025-12)

For Sickness & Accident (S&A) Benefits Only

(For Long Term Disability (LTD) Income Benefits Application go to www.canadalife.com)

Instructions for Form Completion

Employee

- This form is for the sole purpose of applying for S&A benefits for absences greater than 5 consecutive working days.
- **Fully** complete the top section of the form (**please print**).
- Review, sign and date the Authorization to Release Information on this form as well as the Canada Life's Group disability privacy disclosure consent form. The attached Canada Life form is required to be signed in advance for the purpose of Canada Life exchanging information with Homewood Health as part of a recurrence or appeal review on your S&A claim.
- If your absence is, or is expected to be, greater than **5 consecutive working days but 21 calendar days or less**, take this form with the top section filled in, or email it to your physician, surgeon, specialist (cardiologist, dermatologist, neurologist, obstetrician, etc.), nurse practitioner, chiropractor, physiotherapist, psychologist or dentist, duly licensed and registered in Alberta, for completion. (**Note:** forms completed after your illness/injury has resolved may not be approved for S&A benefits).
- If your absence is expected to be **beyond 21 calendar days**, take this form with the top section filled in, or email it to your physician, surgeon, specialist (cardiologist, dermatologist, neurologist, obstetrician, etc.), or nurse practitioner, duly licensed and registered in Alberta, for completion.
- Any reference to "physician" on this form also refers to the medical practitioners eligible to complete the form.
- **To avoid delay in benefit payment**, ask your physician, or their receptionist, to **fax or email** this form to Homewood Health (The City of Calgary's health service provider) at **1-866-460-4645** or DisabilityManagement@HomewoodHealth.com.
- It is your responsibility to maintain regular contact with your supervisor during your absence and to notify your supervisor **prior** to returning to work. **For Transit Operators:** You must call VP Dispatch prior to 1500 hours the day prior to returning to work full duties. Should you require an accommodation, you must contact VP Dispatch as soon as possible in order to make appropriate arrangements.
- In order to protect the confidentiality of medical information, **DO NOT** give this form to your supervisor or other City of Calgary representative(s). Homewood Health will inform your supervisor and Pay Services of the status of your claim.
- A representative from Homewood Health may contact you to clarify information or to request subsequent information.
- You are responsible for any costs associated with the completion of this form not covered by your benefit plan.
- If you have questions, please call HR Support Services at 403-268-5800 or Homewood Health at 403-705-2024.

Attending Physician

- If employee's absence is, or is expected to be **21 calendar days or less**, this form may be completed by a physician, surgeon, specialist (cardiologist, dermatologist, neurologist, obstetrician, etc.), nurse practitioner, chiropractor, physiotherapist, psychologist or dentist, duly licensed and registered in Alberta. If absence is expected **beyond 21 calendar days**, this form is required to be completed by a physician, surgeon, specialist or nurse practitioner, duly licensed and registered in Alberta.
- Any reference to "physician" on this form also refers to the medical practitioners eligible to complete the form.
- As this form is used to determine eligibility for disability benefits and to assist the accommodation of ill/injured employees back into the workplace, **please complete this form with as much detail as possible**. Any delay in form completion may result in interruption or delay of the employee's pay.
- Please **fax or email** the completed form immediately to Homewood Health (The City of Calgary's health service provider) at **1-866-460-4645** or DisabilityManagement@HomewoodHealth.com.
- A representative or physician from Homewood Health may contact you to clarify information or to request subsequent information; maintaining a copy of this form will provide you with the employee's written consent to communicate with these health professionals.
- The employee is responsible for any fees associated with the completion of this form.
- If you have any questions, please call Homewood Health at 403-705-2024.

Thank you for your assistance!



ATTENDING PHYSICIAN'S STATEMENT

X 427 (R2025-12)B

For Sickness & Accident (S&A) Benefits Only

To Be Completed By Employee

(For Long Term Disability Income Benefits Application go to www.canadalife.com)

Employee's Name		Business Unit	Department Name	Date of Birth YYYY-MM-DD	Employee ID #
Home Phone XXX-XXX-XXXX	Position Title		Supervisor's Name	Supervisor's Phone XXX-XXX-XXXX	
First Day Absent From Work YYYY-MM-DD		Is illness/injury related to your work? If yes ask physician to complete WCB report. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee Authorization & Signature					
Throughout the duration of this claim, I authorize any physician(s) or other health care providers who have examined or treated me, to disclose all relevant information including any consultation reports to The City of Calgary's contracted short term disability provider (Homewood Health) and long term disability provider (Canada Life Assurance Company). I further authorize Homewood Health to share all relevant medical information and documents with Canada Life in the event of an S&A appeal, to review for potential S&A or long term disability recurrence and/or to assist with the application for long term disability benefits. I understand that CONFIDENTIALITY of the information will be maintained. Your personal information is being collected under the authority of Section 4(c) of the Protection of Privacy Act. The information will be used to confirm eligibility for benefits. Information may also be provided to companies contracted by MEBAC and the City of Calgary to provide the identified benefit coverage. Should you have questions regarding the collection and use of your personal information, please contact HR Support Services at 403-268-5800 or Homewood Health at 403-705-2024.					
Have you been on an approved S&A claim or a long term disability claim within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			Employee Signature		Date YYYY-MM-DD

Physician Information (information below to be completed by the attending physician)

1. Diagnosis: (include any complications and contributing factors, note if related to motor vehicle accident)		
2. Objective Signs: (including test results and relative clinical findings)		
3. Current Treatment: (name & dosage of medication, type of therapy, etc. – note date medication/treatment started and response to date)		
4. Pre-existing Condition(s): (note recurrences within the last year)		
5. Hospitalization: (include dates of hospitalization and any surgery performed)		
6. Pregnancy Related: (include EDC)		
7. Other Treating Specialists/Practitioners: (indicate specialty, attach consultation reports)		
8. Date Initial Visit for Condition	9. Date Impairment Commenced	10. Date Next Visit
RETURN TO WORK INFORMATION (ACCOMMODATION)		
1. Date Fit for Modified Work Hours/Duties: (outline below)		2. Date Fit for Full Hours/Duties:
3. Modified Work Hours: (indicate hours to be worked & outline progression to full hours where applicable)		
4. Modified Work Duties: (indicate restrictions to duties - i.e. lifting, reaching, pushing/pulling, kneeling, walking, sitting, climbing, standing, typing, driving/heavy equipment use, outside work, uneven terrain, etc. Specify weights (kg/lb) and duration where applicable.) Please include any cognitive limitations as well, if applicable.		
Additional Comments		
Physician Name/Specialty (Please Print)		Signature
		Date YYYY-MM-DD

Please **fax or email** the completed forms immediately to Homewood Health 1-866-460-4645 or DisabilityManagement@HomewoodHealth.com to ensure timely payment of S&A benefits. If you have questions, please call Homewood Health at 403-705-2024.
The employee is responsible for any fee associated with completion of this form.

Physician's Stamp or Address/Phone #



Protecting your personal information

At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information

Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with

We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information

We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your [online account](#) or by submitting a request through our [privacy centre](#) at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.



Your consent



Sharing your personal information

Before we can process your claim for benefits, you must read this agreement and sign in the signature box below.

We collect, use and disclose your personal information to:

- Investigate and assess your claim(s) under the group benefits plan
- Administer your claim and the group benefits plan
- Work out a rehabilitation plan to get you back to work
- Audit the assessment of the claim
- Manage internal data for analytics purposes

We may also use your social insurance number for income tax reporting if this is required in the administration of your benefits.

We may collect and exchange your personal information with these persons or groups when relevant and necessary for the purpose above:

- Healthcare and rehabilitation providers
- Insurance and reinsurance companies
- Administrators of the plan, of government benefits and of other benefit programs
- Your employer, plan sponsor and plan administrator, for the purpose of discussing return to work planning
- Your employer's occupational health services
- Your union representative
- Service providers and other organizations working with us, or on behalf of the other parties mentioned above. We may use service providers outside Canada.
- An auditor authorized by us, your employer, plan sponsor or their agent

Privacy consent, authorization and declaration

- ✓ I have read, understand and agree with the contents of this form and authorize Canada Life to collect and exchange my personal information.
- ✓ I understand that my personal information will be collected, used and shared as set out above.
- ✓ Except for audit purposes, my authorization is valid for the duration of my claim or until I cancel it in writing.
- ✓ All statements I have made about my claim are true and complete.
- ✓ A photocopy or electronic copy of this authorization is as valid as the original.

Date of birth (mm/dd/yyyy)	Telephone Number	Date signed (mm/dd/yyyy)
Your name (please print)	Signature 	
Enter your email address if you would like Canada Life to communicate with you by secure email.		