

Instructions to Employers: Complete this form to refer an employee for assistance to avoid disability and remain safe and productive at work. The assistance may include case management and accommodations that will be coordinated with the employee and employer as needed.

Contract No.	Group No.	Employer	
Employer Contact Name		Employer Contact Job Title	
Employer Contact Email		Phone including extension	Fax

Employee Name	Social Security Number	Date of Birth
Employee Home Address		Home Phone
Employee Job Title	Hire Date	Work Phone
Employee Worksite Address	Employee Department	
Employee Email	Employee LTD Coverage Effective Date (if applicable)	
Essential Job Functions (or attach job description)		
Reason for Request		

Supervisor Name	Supervisor Job Title	
Supervisor Email Address		Supervisor Phone

Acknowledgement – I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. 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.

Signature _____ **Date** _____

<input type="checkbox"/> Stay-At-Work Services provided to employees who are covered under The Standard's LTD policy. Documents needed for consideration: <ul style="list-style-type: none"> The employee will be asked to provide medical records that document the employee's diagnosis and treatment, how the condition prevents the employee from carrying out the material duties of his/her job, and the specific accommodations that are recommended, if any. The employee must sign the Authorization to Obtain and Release Health Information form to allow the Workplace Possibilities consultant to contact the treating physician to obtain or clarify this medical information if necessary. The consultant will share the employee's work capacity information with the employer, but not the medical condition or treatment. 	<input type="checkbox"/> WPP Direct Services provided to employees who are not covered under The Standard's LTD policy. Check requested service. <ul style="list-style-type: none"> <input type="checkbox"/> Job Analysis <input type="checkbox"/> Ergonomic Evaluation <input type="checkbox"/> Intermittent Leave Consulting <input type="checkbox"/> Reasonable Accommodation Service <input type="checkbox"/> Return to Work Service <input type="checkbox"/> Prevention/Stay-At-Work Service 	<input type="checkbox"/> ADA Services The employer has paid for ADA Services and needs to refer an employee for ADA accommodation support.
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Employer: Fax completed Request for Services form to: 971-321-5727/855-207-6115
Once we receive this completed Request for Services, we will contact the employee for the required information, if not provided with this form, and discuss his/her situation and provide assistance if the employee chooses to participate in the services.

FOR THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK ONLY

Claim number:	Tax ID:	Admin Unit:
These numbers will be assigned by The Standard in order to provide needed services and/or accommodations as a benefit of the disability policy.		