



EMPLOYEE BENEFITS

LONG TERM DISABILITY

ING Employee Benefits
P.O. Box 1290 • Minneapolis, MN 55440-1290
1-800-328-4090

- ReliaStar Life Insurance Company of New York (outside NY)
ReliaStar Life Insurance Company

Occupational Demands

This form should be completed in an objective manner by the employee and/or employee's immediate supervisor or by another individual possessing comprehensive knowledge regarding the occupational demands of the employee's job. This form is then submitted to the treating physician for review in completing the Attending Physician's Statement. Both forms are returned to the employer.

Table with 3 columns: Contract number, Employee's name, Job title. Row 2: Job Location

Please attach a copy of the employee's job description and complete the following questions:

PHYSICAL DEMANDS

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

Table with 3 columns: Activity (1-5 pounds to 100 pounds or more), Lifting\*, Carrying\*

\*Includes pushing and pulling effort while stationary
\*\*Includes pushing and pulling effort while walking

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:

Table with 3 columns: Activity (Sitting, Standing, Walking), Location (Inside work, Outside work), and Other (Working with others, Working around others, Working alone)

Indicate extent of performance of each of the following:

Table with 5 columns: Activity (Ascending and descending stairs, etc.), Often, Significant, Seldom, Never

Occupational requirements:

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

**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 so, how often?

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

And how closely must the employee work with his/her 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 percent
- Great deal
- Significant
- Minor

In your opinion, what degree of emotional stress is this employee subject to during the performance of his/her 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.

\_\_\_\_\_  
\_\_\_\_\_

Completed by	Title	Phone
Address		Date