

# LONG TERM DISABILITY Occupational Demands

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ReliaStar Life Insurance Company of New York (outside NY)  
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*This form should be completed by the employee's immediate supervisor (who may request assistance from the employee) 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.*

Plan number	Employee's name	Job title
Job Location		

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

### PHYSICAL DEMANDS

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

	Lifting*	Carrying**
1-5 pounds	_____	_____
6-10 pounds	_____	_____
11-25 pounds	_____	_____
26-50 pounds	_____	_____
51-100 pounds	_____	_____
100 pounds or more	_____	_____

\*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:

Sitting _____ %	Inside work _____ %	Working with others _____ %
Standing _____ %	Outside work _____ %	Working around others _____ %
Walking _____ %		Working alone _____ %

Indicate extent of performance of each of the following:

	Often	Significant	Seldom	Never
Ascending and descending stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ascending and descending ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching below shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Occupational requirements:

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

Employee's Name \_\_\_\_\_

**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