



APPLICATION FOR DISABILITY RETIREMENT

APPLICATION PROCEDURES

The following procedures must be followed when applying for disability retirement:

- Inform your supervisor of your intention to apply for disability retirement.
- Read the **eligibility criteria** described below.
- Complete and sign **Part 1** of this application form.
- Have **Part 2** completed by the physician who usually treats your disability.
- Ask your physician to mail or fax all parts of this form to **CN Chief Medical Officer** (address at bottom of Part 2).
- CN Chief Medical Officer will complete **Part 3** of the form.

If declared totally and permanently disabled, CN's Chief Medical Officer will notify the CN Pension Plan Administrator who will then establish your eligibility to disability pension benefits under the CN Pension Plan rules.

ELIGIBILITY CRITERIA

A disability retirement is a permanent exit from the work force for employees who are totally and permanently disabled. Employees who are interested in investigating the possibility of accommodation in the workplace (alternate work, modified duties, etc.), should request a "Return to Work Restrictions Report" from their supervisor and have it completed by their personal physician. All reasonable efforts will be made to accommodate employees at work under the CN Return to Work Program.

To be eligible for disability retirement, the applicant must:

- 1) have at least 10 years of pensionable service **and**
- 2) be declared totally and permanently disabled as per the definition established by the Canada Customs and Revenue Agency **and**
- 3) meet all eligibility requirements set out in the CN Pension Plan rules.

DISABILITY DEFINITION ESTABLISHED BY THE CANADA CUSTOMS AND REVENUE AGENCY

Total and permanent disability means a physical or a mental impairment that prevents him or her from engaging in any employment for which he or she is reasonably suited by virtue of his or her education, training or experience and that can reasonably be expected to last for the remainder of his or her lifetime.

Note: Long Term Disability (LTD)

Unionized employees who are eligible for the LTD Insurance program introduced in 2002 **MUST** apply for this program before applying for a disability pension. If you are eligible for the unionized LTD program or have questions about eligibility, please contact Payroll Benefits Administration at 1-800-363-6060.

PART 1 – TO BE COMPLETED BY THE EMPLOYEE

Name: _____ (please print)

PIN: _____ Age: _____ Job Title: _____

Education:

Last Completed Grade: Primary School High School College or Trade School University

Do you currently receive any benefits from a provincial or federal pension plan? Yes No

If yes, please specify: _____

I, _____, acknowledge that there is no basis or opportunity to accommodate me and my disability. In these circumstances, I release CN from any obligation of accommodation which it might otherwise have had.

Date: _____ Signature: _____
yyyy/mm/dd

Applicant's Name : _____ PIN : _____

PART 2 – TO BE COMPLETED BY ATTENDING PHYSICIAN

CRITERIA OF TOTAL AND PERMANENT DISABILITY

The CN Chief Medical Officer (CMO) will decide total and permanent disability according to the following criteria:
The applicant must suffer from a physical or mental impairment that prevents him/her from engaging in any employment for which he/she is suited by virtue of his/her education, training or experience that can reasonably be expected to last for the remainder of his/her lifetime.

IMPORTANT

It is the responsibility of the employee and his or her physician to provide the CN CMO with the appropriate medical information in order to sustain the application for disability retirement. It is advisable that copies of results of all pertinent medical consultations and complementary investigations (lab tests, X-rays, ECG, EEG, CT-SCAN, MRI, etc.) be attached to the application form. Lack of objective medical findings may result in the rejection of the application.

DIAGNOSES

List by order of importance only those medical condition(s) contributing to the applicant's total and permanent disability.

Primary diagnosis:

All secondary diagnoses:

Yes No **Has applicant ever had same or similar condition(s)?**
If yes, give dates: _____

Yes No **Has applicant been hospitalized?**
If yes, give dates: From: _____ To: _____

Yes No **Has applicant had any surgery, radiotherapy or chemotherapy?**
If yes, when: _____
Where: _____
Procedure: _____

Current treatments:

Applicant's Name : _____ PIN : _____

PART 2 – TO BE COMPLETED BY ATTENDING PHYSICIAN (CONTINUED)

Physician's Stamp:	Physician's Complete Address:
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If **all** sections are **legibly** completed and the impairments are described, you may submit an invoice for \$50 to CN Occupational Health Services.

MAIL: CN Medical Director Occupational Health Services P.O. Box 8100 Montreal, Quebec H3C 3N4	FAX: (514) 399-7140 TEL: (514) 399-5742	NOTE: <u>Only</u> Occupational Health Services has access to this fax machine.
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PART 3 – TO BE COMPLETED BY CN CHIEF MEDICAL OFFICER, OCCUPATIONAL HEALTH SERVICES

<input type="checkbox"/> More information is required to process the application.	
<input type="checkbox"/> The applicant has not yet reached maximum medical improvement.	
<input type="checkbox"/> The applicant is not totally and permanently disabled.	
<input type="checkbox"/> The applicant is declared totally and permanently disabled.	
Date: _____ yyyy/mm/dd	_____ Chief Medical Officer's Signature

<input type="checkbox"/> More information is required to process the application.	
<input type="checkbox"/> The applicant has not yet reached maximum medical improvement.	
<input type="checkbox"/> The applicant is not totally and permanently disabled.	
<input type="checkbox"/> The applicant is declared totally and permanently disabled.	
Date: _____ yyyy/mm/dd	_____ Chief Medical Officer's Signature