



**JOB DESCRIPTION**  
*(Position held at time of disability)*

**SPECIAL NOTICE**-Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  
**FOR OHIO ONLY**-Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NAME: \_\_\_\_\_ CLAIM #: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

ARE YOU SELF EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, is your business an individual practice or partnership?

IS YOUR JOB PRIMARILY SEDENTARY? YES \_\_\_\_\_ NO \_\_\_\_\_  
If no, does it involve considerable physical activity? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE ESTIMATE THE AVERAGE NUMBER OF HOURS THAT YOU WORK PER WEEK: \_\_\_\_\_

AS CLOSELY AS POSSIBLE, ESTIMATE THE PERCENTAGE OF TIME SPENT DOING THE FOLLOWING ACTIVITIES: (PERCENTAGES SHOULD ADD UP TO 100%)

\_\_\_\_\_ SITTING      \_\_\_\_\_ WALKING      \_\_\_\_\_ STOOPING      \_\_\_\_\_ PUSHING  
\_\_\_\_\_ STANDING      \_\_\_\_\_ CLIMBING      \_\_\_\_\_ BENDING      \_\_\_\_\_ LIFTING\*  
\_\_\_\_\_ CARRYING\*

\* If job duties require lifting or carrying, please indicate the average maximum weights handled.

DOES YOUR JOB INCLUDE ANY OF THE FOLLOWING DUTIES? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ ADMINISTRATIVE DUTIES      \_\_\_\_\_ EDUCATIONAL DUTIES  
\_\_\_\_\_ CLERICAL WORK      \_\_\_\_\_ MANAGERIAL DUTIES

If yes, please estimate the time spent on these activities in an average eight hour day.

BRIEFLY DESCRIBE THE NORMAL DUTIES OF YOUR JOB AND YOUR DAILY ACTIVITIES WHILE AT WORK:

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