

Clarification Request to Great-West Life

Attention GOA LTDI Group 50007, Fax #: 1-780-425-0744

Name of Employee: _____

Pre-Disability Classification: _____

Based on the decision by Great-West Life, the above employee has been found fit for own (with limitations) or fit for gainful. **Activities/job duties requiring clarification based on the decision rendered by GWL have been checked off under the column "HR Req".**

Activity	HR Req.	GWL Capable** <small>(indicate any limitations)</small>	Activity	HR Req.	GWL Capable** <small>(indicate any limitations)</small>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	Vision/Hearing/Speech	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	Thinking/Reasoning	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	Memory	<input type="checkbox"/>	<input type="checkbox"/>
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	Critical decision-making	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	Interpersonal contact	<input type="checkbox"/>	<input type="checkbox"/>
Climbing			Alertness	<input type="checkbox"/>	<input type="checkbox"/>
Stairs	<input type="checkbox"/>	<input type="checkbox"/>	*Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<u>Environmental</u>		
Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	Heat/Cold	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	Dust/Fumes/Odours	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	Handling Chemicals	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	Handling Food	<input type="checkbox"/>	<input type="checkbox"/>
Bending/Twisting/Turning	<input type="checkbox"/>	<input type="checkbox"/>	*Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive activity	<input type="checkbox"/>	<input type="checkbox"/>	<u>Miscellaneous</u>		
Stationary posture	<input type="checkbox"/>	<input type="checkbox"/>	Shift/attendance duration	<input type="checkbox"/>	<input type="checkbox"/>
Gripping	<input type="checkbox"/>	<input type="checkbox"/>	Consecutive shift attendance	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	Day shift	<input type="checkbox"/>	<input type="checkbox"/>
Fine dexterity	<input type="checkbox"/>	<input type="checkbox"/>	Night shift	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	Overtime	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equip.	<input type="checkbox"/>	<input type="checkbox"/>	Operate vehicle	<input type="checkbox"/>	<input type="checkbox"/>
			Work at heights	<input type="checkbox"/>	<input type="checkbox"/>
			*Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

***Human Resources Consultant:**

Please provide specific details about requirements you indicated under “*Other”.

****Great-West Life:**

Please expand (when applicable) on limitations that were indicated:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

This employee, based on the work classification determiners, is fit for _____
_____ work

Request made by:	
_____, Human Resources Consultant	
Ministry:	_____
Phone:	_____
E-mail:	_____
Fax:	_____
Date:	_____

“Work” Classification Determiners

As determined from classifications found in the National Occupational Classifications

SEDENTARY WORK - Exerting up to 10 pounds (4.54 kg.) of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

LIGHT WORK - Exerting up to 20 pounds (9.07 kg.) of force occasionally and/or up to 10 pounds (4.54 kg.) of force frequently, and/or negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for sedentary work. Light work usually requires walking or standing to a significant degree. However, if the use of the arm and/or leg controls requires exertion of forces greater than that for sedentary work, and the worker sits most of the time, the job is rated light work.

MEDIUM WORK - Exerting up to 50 pounds (22.68 kg.) of force occasionally, and/or up to 20 pounds (9.07 kg.) of force frequently, and/or up to 10 pounds (4.54 kg.) of force constantly to move objects.

HEAVY WORK - Exerting up to 100 pounds (45.36 kg.) of force occasionally, and/or up to 50 pounds (22.68 kg.) of force frequently, and/or up to 20 pounds (9.07 kg.) of force constantly to move objects.

VERY HEAVY WORK - Exerting in excess of 100 pounds (45.36 kg.) of force occasionally, and/or in excess of 50 pounds (22.68 kg.) of force frequently, and/or in excess of 20 pounds (9.07 kg.) of force constantly to move objects.