ATTENDING PHYSICIAN'S STATEMENT

FD 1355 (August 2022)

For Sickness & Accident (S&A) Benefits Only

(For Long Term Disability Income Benefits go to www.sunlife.ca)

IAFF 255 (ONLY)

Instructions

- This form is for the purposes of applying for S&A benefits for International Association of Fire Fighters Local 255 (IAFF 255) Members for absences more than 5 consecutive working days or more than 2 consecutive working days if on a Platoon Schedule (24-hour shift) and to assist the accommodation of ill/injured employees back into the workplace.
- If your absence is, or is expected to be, more than 5 consecutive working days or more than 2 consecutive working days if on a Platoon Schedule (24-hour shift), take the form to your Doctor for completion. (**Note:** Forms completed after your illness/injury has resolved may not be approved for S&A benefits). It is your responsibility to maintain regular contact with CFD Ability Management during your absence and notify them prior to returning to work.
- For absences less than 21 calendar days, this form may be completed by a Chiropractor, Psychologist or Physiotherapist, duly licensed and registered in Alberta, where appropriate, in which case any reference to "Doctor" or "Physician" on this form is replaced with "Chiropractor", "Psychologist", or "Physiotherapist" (whichever is applicable).
- In order to protect the confidentiality of your information, **DO NOT** give this form to your Supervisor or other City of Calgary representative(s). Homewood Health Inc. will inform your Supervisor and Pay Services of the status of your claim.
- A representative from Homewood Health Inc. may contact you to clarify information or to request subsequent information.
- **To avoid delay in Benefit payment,** ask your Doctor, or his/her Receptionist, to **fax** this form immediately to Homewood Health Inc. (The City of Calgary's Health Service Provider) @ **1-866-460-4645.**
- If you have questions, call Homewood Health Inc. @ 403-705-2024 or HR Support Services @ 403-268-5800.

The section below to be completed by Employee

Name:	Employee ID#:	Date of Birth:
Job Position/Title:	Work Location:	
Home Phone or Cell #:	E-mail Address:	
First day absent from work:	Is this work related: ☐ Yes ☐ No (If yes, ask Doctor to complete WCB Report)	

Have you been on an S&A Claim or a Long Term Disability Claim within the past 6 months? ☐ Yes ☐ No

I authorize; the Physician who completed this form to disclose necessary information to The City of Calgary's contracted Sickness & Accident provider (Homewood Health Inc.) only in the case of missing information on this form and/or if clarification is required in relation to information provided on this form, for the sole purpose of adjudication of benefits or to assist in the application of Long Term Disability benefits. Additional consent must be obtained for any additional information. I understand that CONFIDENTIALITY of this information will be maintained. This information is being collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy* Act (FOIP), will be used for the purpose(s) of payroll, benefit administration and is protected by the privacy provisions of FOIP. I understand I am responsible for any costs associated with the completion of this form not covered by my benefit plan.

Any questions on the collection or use of this information, contact Homewood Health Inc. @ 403-705-2024 or HR Support Services @ 403-268-5800.

Employee Signature:_____ Date:_____

Dear Attending Physician

The Canadian Medical Association recognizes the importance of a Patient returning to all possible functional activities relevant to his or her life as soon as possible after an injury or illness. Prolonged absence from one's normal roles, including absence from the workplace, is detrimental to a person's mental, physical and social well-being. A safe and timely return to work benefits the Patient/employee and his or her family by enhancing recovery and reducing disability. The City of Calgary provides modified work to meet the temporary and permanent accommodation needs of our employees and provides services to support return to work as soon as possible while preserving confidentiality of medical information. This form is used to determine eligibility for disability benefits and to assist the accommodation of ill/injured employees back into the workplace. Any delay in form completion may result in interruption or delay of the employee's pay. Bill your Patient directly for the completion of this form.

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Note: This form will be deemed incomplete unless all information requested below is complete.

The section below to be completed by Physician (Print clearly in all applicable areas)		
Is this health issue: ☐ Work related (complete WCB Report) ☐ Non-occupational		
Date illness began or onset of symptoms:	Date of first visit for this absence:	Date of next appointment/ reassessment:
Nature of illness/disability (without diagnosis):		
Prognosis for a full recovery, including the expected duration of the illness or injury:		
An estimated date for a return to full duties and hours of work (YYYY/MM/DD):	An estimated date for a return to modified duties or hours of work (YYYY/MM/DD):	
Describe your Patient's current functional ability, medical restrictions and limitations, to be considered in developing a supportive return to work plan, potentially allowing your Patient to return to modified duties or alternate work hours before they are fit for their full duties:		
Has a treatment plan been recommended or prescribed:	☐ Yes ☐ No	
Is the Patient compliant with treatment plan:	☐ Yes ☐ No	
Has the Patient been referred to a specialist for their condition(s):	☐ Yes ☐ No	

Physician Name (Print):	PRAC ID:	Date (YYYY/MM/DD):
Signature:	Physician's Stamp or Address/Phone#:	

Upon completion of this form send via fax @ 1-866-460-4645, Attention: Homewood Health Inc.

A representative from Homewood Health Inc. may contact you to clarify information related to this form. Maintaining a copy of this form will provide you with the employee's written consent to communicate with Homewood Health Inc.

This personal information is being collected under the authority of Sec. 33(c) of the Freedom of Information and Protection of Privacy Act and will be used by the City of Calgary to ensure pay continuity in the event of extended illness.

Personal information collected by The City of Calgary under the Freedom of Information & Protection of Privacy Act will be used only for the purpose for which it was obtained under the disclosures sections of the Act, Section 33(c). For further information, contact the Calgary Fire Department Ability Management @ fireabilitymanagement@calgary.ca.