



JOB DESCRIPTION QUESTIONNAIRE REQUIRED FOR A DISABILITY CLAIM

Member name: _____
 Member ID number: _____
 Scheme name & no.: _____
 Employer: _____
 Nature of business: _____

Benefit/s being applied for (Please tick the appropriate box):

- Occupational Capital Disability Progressive Capital Disability
 Occupational Income Plus Plan Progressive Income Plus Plan
 EduCator Benefit

NB: This form must be completed in full by the member's supervisor, in conjunction with the member. This job description will form the basis on which the claim is assessed. The information must therefore be complete and accurate. Please provide sufficient detail in your answers as this will assist us in making a fair decision in assessing this claim.

Job title: _____

Essential duties and responsibilities/regularly performed tasks: _____

WORK ENVIRONMENT

A) What percentage of the day does the member work?

Indoors:	%
Outdoors:	%
At heights:	%
At Depths:	%

B) Temperature range in place of work: _____ Degrees centigrade

C) Decibel range in place of work (if applicable): _____ Decibels

D) Is the member exposed to any **dust** while working? Yes No

Please list the types of dust the member is exposed to: _____

E) Is the member exposed to any **fumes** while working? Yes No

Please list the types of fumes the member is exposed to: _____

PHYSICAL DEMANDS

A) Does the member's job involve any of the following?

Lifting weights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Range (kg's):
Carrying weights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Range (kg's):
Pushing weights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Range (kg's):
Pulling Weights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Range (kg's):

B) Does the member's job involve any **climbing**? Yes No

Types of climbing (e.g. stair, ladders, scaffolding):

C) Please indicate how much time is spent on these activities during each working day: (Tick the relevant column)

	Never	Sometimes	Often	Always	Hours per day
Sitting	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking (uneven terrain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking (even terrain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of both hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of fine co-ordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in physical labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching below shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in cramped conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D) Where the member's job involves walking please indicate:

Average distance walked over even terrain per day (km's)	
Average distance walked over uneven terrain per day (km's)	

E) Where the member's job involves **manual labour**, please specify the tasks involved:

F) Please list all the **items** used during the course of the member's work:

Equipment used:
Tools used:
Materials used:
Machinery used:

DRIVING (only complete this section if driving is a part of the member's job)

A) Licence code(s) required: _____

B) Type of vehicle driven: _____

C) Average distance driven:

Per day:	Km
Per week:	Km
Per month:	Km

COGNITIVE DEMANDS

Please indicate how much of the member's job requires the following abilities during each working day.

	Never	Sometimes	Often	Continuously	Hours per day
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative/clerical tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculations/figure work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATION DEMANDS

A) Please indicate how much of the member's job requires the following abilities during each working day.

	Never	Sometimes	Often	Continuously	Hours per day
One on one communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual to group communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) Is the member responsible for the supervision of any staff? Yes No

If yes, number of staff supervised: _____

C) Which qualifications are required for the position?:

D) What education and experience is required for the position?:

Please note that in the event of any modification or variation of this standard form Liberty will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

SAFETY HAZARDS

A) Please give details of any known safety hazards in the member's job:

B) Which alternative jobs in the company would the member be capable of performing?

WORK DISTRIBUTION

What percentage of the work is:

Administrative:	%
Physical:	%
Supervisory:	%
Travel:	%

MEMBER'S PREVIOUS WORK EXPERIENCE

Date from	Date to	Company	Position held	Type of work

COMPLETE IF SELF-EMPLOYED

(NB: to be completed by the member only if he/she is self-employed)

A) When was the business started? _____

B) How many people work for you and in what capacity?

DECLARATION

We, the undersigned, hereby declare that the above details are to the best of our knowledge true and correct, and that no material information has been withheld or omitted.

Full name of Supervisor: _____

Supervisor's designation: _____

Signature of Supervisor: _____

Date: _____

Signature of member: _____

Date: _____

Company stamp:

Please provide Liberty Life with a copy of the member's curriculum vitae, with which he/she applied for the position.