

Canada/France Agreement

Applying for a French disability pension

Here is some important information you need to consider when completing your application.

Please ensure you sign the application. If you are signing with a mark, (for example: "X") the signature of a witness is required.

Your application must be supported by documentation. Please submit the documents requested. Failure to complete the application and provide the requested documentation may result in delays in processing your application.

Where original documents are specifically requested, originals must be submitted with your application. You should keep a certified true copy of any originals you send us for your records. Some countries require original documentation which will not be returned to you.

You may submit the original or a photocopy that is certified as true for any of the documents where originals are not required. It is better to send certified copies of documents rather than originals. If you choose to send original documents, send them by registered mail. We will return the original documents to you. We can only accept a photocopy of an original document if it is legible and if it is a certified true copy of the original. Our staff at any Service Canada centre will photocopy your documents and certify them free of charge. If you cannot visit a Service Canada Centre, you can ask one of the following people to certify your photocopy:

Accountant; Chief of First Nations Band; Commissioner for Oaths; Employee of a Service Canada Centre acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Magistrate, Notary; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Naturopathic Doctor, Nurse Practitioner, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal government department or provincial government department, or one of its agencies; Official of an Embassy, Consulate or High Commission; Officials of a country with which Canada has a reciprocal Social Security Agreement; Police Officer; Professional Engineer; Social Worker; Teacher, University Professor.

People who certify photocopies must compare the original document to the photocopy, state their official position or title, sign and print their name, give their telephone number and indicate the date they certified the document.

They must also write the following statement on the photocopy: **This photocopy is a true copy of the original document which has not been altered in any way.**

If a document has information on both sides, both sides must be copied and certified. You cannot certify photocopies of your own documents, and you cannot ask a relative to do it for you.

Return your completed application, forms and supporting documents to:

International Operations
Service Canada
P.O. Box 250
Fredericton NB E3B 4Z6
CANADA

Disclaimer:

This application form has been developed by external sources in cooperation with Employment and Social Development Canada. The content and language contained in the form respond to the legislative needs of those external sources.

Application for a disability pension to be examined by the French institutions

*Article 20 of the Agreement
Article 4 of the Implementing Agreement*

Please complete and sign your application, attach all of your documentary evidence, and submit it to Service Canada, who will forward the complete file to the competent French institution (see instructions). **The form must be completed in capital or block letters. It is 2 pages long; neither page may be omitted even if it does not contain any relevant information.**

1. INFORMATION ABOUT YOUR APPLICATION

- 1.1 ☐ I am only applying for my French pension
- 1.2 ☐ I am applying for my French pension along with an equivalent Canadian pension

2. YOUR PERSONAL INFORMATION

- 2.1 French identification number :
- 2.2 Canadian Social Insurance Number :
- 2.3 Last name used:
- 2.4 First and middle name(s):
- 2.5 Last name at birth:
- 2.6 Date of birth:(D/M/Y)
- 2.7 Place of birth (city/ province or department / country):
- 2.8 Sex : ☐ Male ☐ Female
- 2.9 Father's last name, first and middle name(s):
- 2.10 Mother's last name, first and middle name(s):
- 2.11 Marital status: ☐ Single
- ☐ Married ☐ Domestic partner ☐ Civil union(PACS)
- since..... (D/M/Y)
- ☐ Widowed ☐ Divorced ☐ Separated
- since..... (D/M/Y)
- 2.12 Address at the time of application:
-
- 2.13 Telephone : 2.14 Email:

3. ADDITIONAL INFORMATION ABOUT YOUR CIRCUMSTANCES

- 3.1 Start date of inability to work: (D/M/Y)
- 3.2 ☐ You are currently a ☐ salaried ☐ self-employed worker
☐ You are no longer employed as of (D/M/Y)
- 3.3 You are receiving the following benefits:
- 3.3.1 ☐ Health insurance benefits for inability to work from to (D/M/Y)
- 3.3.2 ☐ Disability pension since (D/M/Y)
- 3.3.3 ☐ Old-age pension since (D/M/Y)
- 3.3.4 ☐ Survivor's pension since (D/M/Y)
- 3.3.5 ☐ Work accident or occupational illness pension since (D/M/Y)
- 3.3.6 ☐ Unemployment benefits from to (D/M/Y)
- 3.3.7 ☐ Other benefits (please specify):
- 3.4 Institution(s) paying the above benefit(s):
.....
.....

4. YOUR LAST TYPE OF EMPLOYMENT IN FRANCE

- ☐ Salaried ☐ Self-employment ☐ Agricultural ☐ Other (please specify):

5. YOUR PREFERRED PAYMENT OPTION

- 5.1 ☐ Bank account (please attach a banking information slip with your IBAN and BIC/SWIFT codes, or otherwise, a document from your bank that shows your account information such as a void cheque)
- 5.2 ☐ Other payment option:

I hereby certify that the information I have provided is accurate and agree to comply with any verification procedures as well as to notify you of any change in my circumstances. ⁽¹⁾

Completed at on (D/M/Y)

Signature :

⁽¹⁾ Under French law, committing fraud or providing false information is punishable by a fine and/or imprisonment (art. 313-1 to 313-3, 433-19, 441-1, 441-6 and 441-7 of the French penal code).

**Notice pour vous aider à
remplir une demande de
pension d'invalidité
du régime français en vertu de
l'Accord franco-canadien
(formulaire SE 401-04)**

Si vous résidez au Canada après avoir travaillé en France et que vous pensez remplir les conditions d'attribution, vous pouvez présenter une demande de pension d'invalidité du régime français de sécurité sociale.

Vous avez la possibilité dans le cadre de l'Accord franco-canadien de demander en même temps vos pensions française et canadienne. Veuillez l'indiquer au cadre 1. Ces dernières seront attribuées si vous remplissez les conditions.

Pension d'invalidité : conditions

Vous êtes atteint(e) d'une invalidité réduisant votre capacité de travail d'au moins 2/3, vous avez travaillé en France, et vous n'avez pas atteint l'âge légal pour obtenir une pension de vieillesse du régime français (entre 60 et 62 ans en fonction de votre année de naissance).

La pension d'invalidité a pour objet d'accorder à un assuré invalide une pension en compensation de la perte de salaire qui résulte de la réduction de sa capacité de travail ou de gain. Elle est attribuée lorsque l'invalidité résulte d'un accident ou d'une maladie d'origine non professionnelle, et que l'assuré (e) :

- n'a pas atteint l'âge légal de la retraite (entre 60 et 62 ans en fonction de l'année de naissance). Si vous avez dépassé cet âge et êtes en incapacité de travailler, vous pouvez demander une pension de vieillesse au titre de l'invalidité au travail. Dans ce cas veuillez remplir le formulaire SE 401-05;
- se trouve hors d'état de se procurer, dans une profession quelconque, un salaire supérieur au 1/3 de la rémunération normale de la profession qu'il exerçait avant l'arrêt de travail ou la constatation de l'état d'invalidité ;
- a été immatriculé depuis au moins 12 mois au moment de l'interruption de travail suivie d'invalidité et a soit travaillé au moins 600 heures, soit cotisé sur un salaire équivalent à 2030 fois la valeur du SMIC horaire au cours de la même période.

Pour plus d'information vous pouvez consulter le site de l'assurance maladie à l'adresse suivante : <https://www.ameli.fr/morbihan/assure/droits-demarches/invalidite-handicap/invalidite>

**Instructions to help you
complete an application for
a French disability pension
under the Agreement
between France and Canada
(form SE 401-04)**

If you are residing in Canada after having worked in France and believe you may be eligible, you can apply for a disability pension from the French social security scheme.

Under the agreement between France and Canada, you can apply for your French and Canadian pensions at the same time. Please specify this in section 1. These pensions will be awarded if you meet the eligibility criteria.

Disability pension: eligibility criteria

You must have a disability that reduces your capacity for work by at least 2/3, have worked in France, and not have reached the legal age for an old-age pension from the French scheme (between 60 and 62 as determined by your year of birth).

Disability pensions are awarded to insured persons with disabilities as compensation for a loss of wages resulting from their diminished capacity for work or to earn a living. They are awarded when the disability of the insured results from a non-work-related accident or illness and when the insured:

- Has not reached legal retirement age (between 60 and 62 as determined by year of birth). If you have already reached legal retirement age and are unable to work, you can apply for an old-age pension on the basis of inability to work. In this case, please complete form SE 401-05;
- Is unable to secure any type of employment that would pay more than 1/3 of the normal earnings for the work he/she was performing prior to going on medical leave or to being diagnosed disabled;
- Had been insured for at least 12 months at the time he/she stopped working due to disability and had either completed at least 600 hours of work, or paid contributions on a salary equivalent to 2,030 times the value of France's hourly minimum wage ("SMIC") over the same period.

For more information, please refer to the French Health Insurance's website at the following address: <https://www.ameli.fr/morbihan/assure/droits-demarches/invalidite-handicap/invalidite> (in French only)

Pièces justificatives et circuit administratif

N'oubliez pas de dater et signer au bas du formulaire.

Pièces justificatives à joindre:

- formulaire SE 401-07 « renseignements concernant la carrière de l'assuré(e) » que vous devez également compléter,
- formulaire SE 401-08 « rapport médical » à faire compléter par votre médecin,
- un relevé d'identité bancaire avec les codes IBAN et BIC/SWIFT ou, à défaut, un document de votre banque attestant des coordonnées de votre compte, tel qu'un chèque annulé,
- une copie d'une pièce d'identité (carte d'identité, passeport ou un titre de séjour...),
- une pièce d'état civil (copie intégrale d'acte de naissance, extrait d'acte de naissance avec filiation...) seulement si vous n'avez pas de numéro d'identification français.

Vous devez remettre/adresser cette demande et ces documents à l'adresse suivante:

Opérations internationales
Service Canada
PO BOX 250
Fredericton NB E3B 4Z6
CANADA

Après avoir vérifié que votre dossier est complet, l'institution canadienne transmettra ces documents à l'institution française compétente.

Il est possible qu'après examen de votre demande, l'institution française compétente demande des documents ou justificatifs complémentaires nécessaires à son instruction

L'institution française pourra vous demander de produire chaque année une « attestation d'existence » aux fins de continuité du paiement de votre pension.

Supporting documents and how your application will be processed

Make sure to date and sign the bottom of the form.

Supporting documents required:

- form SE 401-07 "information on the career of the insured," which you will also need to complete,
- form SE 401-08 "medical report," to be completed by your doctor,
- a banking information slip ("RIB") with your IBAN and BIC/SWIFT codes, or otherwise, a document from your bank that shows your account information, such as a void cheque
- A photocopy of an identity document (identity card, passport, residence permit, etc.),
- A vital record (a complete copy of your birth certificate, extract of birth certificate showing your parents' information, etc.), only if you do not have a French identification number.

You will need to submit/send your application, along with these documents, to the following address:

International Operations
Service Canada
PO BOX 250
Fredericton NB E3B 4Z6
CANADA

After verifying that your application is complete, the Canadian institution will then send these documents to the competent French institution.

It is possible that after reviewing your application, the competent French institution may need to request additional documents or evidence in order to process it.

The French institution may ask you to provide a certificate of existence ("attestation d'existence") each year in order to continue the payment of your pension.

Cadre 2 – Renseignements vous concernant

Les numéros d'identification français et d'assurance sociale canadien :

Le numéro d'identification au répertoire (NIR ou numéro de sécurité sociale) figure sur les documents de sécurité sociale qui vous ont été remis lorsque vous exerciez votre activité en France. Il est composé de 13 chiffres : le sexe (1 chiffre), l'année de naissance (2 chiffres), le mois de naissance (2 chiffres) et le lieu de naissance (5 chiffres). Les 3 chiffres suivants correspondent à un numéro d'ordre qui permet de distinguer les personnes nées au même endroit et à la même période. Une clé de contrôle à 2 chiffres complète le NIR.

Le numéro d'assurance sociale canadien comporte 9 chiffres.

Votre identité :

Les renseignements à fournir aux points 2.3 à 2.10 portent sur votre identité. Votre nom à la naissance permettra une identification correcte si votre nom a été changé par suite de mariage, par exemple. Votre nom d'usage doit être indiqué s'il est différent de votre nom à la naissance.

Votre lieu de naissance doit être mentionné en entier : ville, province ou département, pays.

Les noms et prénoms de vos père et mère doivent être mentionnés car ils permettront des vérifications d'état civil en cas d'homonymie.

Votre situation de famille :

Elle doit être mentionnée de manière précise, mariage, divorce, séparation... ainsi que la date de chacun des événements.

Cadre 3 – Renseignements complémentaires vous concernant

Cette partie est destinée à permettre à l'institution française de connaître votre situation au moment de la demande en vue d'examiner les conditions administratives de votre droit aux prestations d'invalidité du régime français dans le cadre de l'accord franco-canadien.

Au point 3.3, indiquez les prestations d'invalidité, de vieillesse, de survivant, d'accidents du travail, de chômage dont vous êtes bénéficiaire (prestations canadiennes, françaises ou de tout autre pays).

Vous devez également mentionner au point 3.4, la ou les institutions qui vous servent ces prestations.

Section 2 – Your personal information

French identification and Canadian Social Insurance Numbers:

Your "numéro d'identification au répertoire"/ NIR, which is your French social security number, appears on the social security documents you were issued while you were working in France. It is 13 digits long: sex (1st digit), year of birth (next 2 digits), month of birth (following 2 digits), and place of birth (next 5 digits). The following 3 digits are a sequence number that is used to distinguish between individuals who were born at the same place and time. An additional two-digit number at the end of the NIR serves as a verification code.

The Canadian Social Insurance Number is 9 digits long.

Your identifying information:

The information you are asked to provide in subsections 2.3 to 2.10 pertains to your identity. Your last name at birth can be used to correctly identify you if you have taken on a new name, e.g. due to marriage. You will need provide the last name you use if it is different from your last name at birth.

Your place of birth must be listed in full: city, province or department, country.

Your father's and mother's last, first and middle names must be listed as they can be used to distinguish between individuals who have the same name.

Your marital status:

This must be listed in a precise manner: marriage, divorce, separation, etc., as well as the date of each of these events.

Section 3 – Additional information about your circumstances

This portion is used by the French institution to gather information about your circumstances at the time of your application in order to examine the administrative eligibility requirements for a French disability pension under the agreement between France and Canada.

Under subsection 3.3, list any disability, old-age, survivor's, work accident or unemployment benefits you are receiving (whether these benefits are being paid by Canada, France, or any other country).

Under subsection 3.4, you will also need to specify the institution(s) that are paying these benefits.

Canada / France Agreement

**Documents and/or information required to support your application
[SE 401-04] for a French disability pension**

Complete the attached forms:

- *Information on the career of the insured* [SE 401-07]
- *Medical Report* [SE 401-08]

Original or certified documents to be submitted:

- Your birth certificate (only if you do not have a French identification number)
- Identity documents (identity card, passport, residence permit, etc.)
- Banking information slip containing IBAN and BIC/SWIFT codes or a document issued by your bank containing your account information, such as a void cheque

IMPORTANT: If you have already submitted any of the documents required when you applied for a Canada Pension Plan or Old Age Security benefit, you do not need to resubmit them.

Information on the career of the insured

*Article 11 of the Agreement
Article 4-2 b) of the Implementing Agreement*

This form must be completed in capital or block letters.

It is 2 pages long; neither page may be omitted even if it does not contain any relevant information.

If there is not enough space on page 2, please add one or more pages on separate paper, check ☐ this box and indicate the number of additional pages: pages.

1. PERSON COMPLETING THIS FORM

- 1.1 Last name used:.....
- 1.2 First and middle name(s):
- 1.3 Last name at birth:
- 1.4 Capacity: ☐ Insured ☐ Survivor of the insured ☐ Other (please specify)
- 1.5 Address:
- 1.6 Telephone:
- 1.7 Email:

2. PERSONAL INFORMATION ON THE INSURED

- 2.1 French identification number:
- 2.2 Canadian Social Insurance Number:.....
- 2.3 Last name used:
- 2.4 First and middle name(s):.....
- 2.5 Last name at birth:
- 2.6 Date of birth:(D/M/Y)
- 2.7 Place of birth (city / province or department / country):.....
- 2.8 Sex : ☐ Male ☐ Female
- 2.9 Father's last name, first and middle name(s):
- 2.10 Mother's last name, first and middle name(s):

3. INFORMATION ON ALL PERIODS COMPLETED IN FRANCE AND IN ANY COUNTRY OTHER THAN CANADA ⁽¹⁾

	Periods		Type of period ⁽²⁾	Employer's name and seat, or type of self-employment	Location and country where work was performed	a) Insurance institution or scheme b) Registration number c) Type of insurance ⁽³⁾	Place of residence during each period of employment
	From (D/M/Y)	To (D/M/Y)					
	1	2					
3	4	5	6	7			
1						a) b) c)	
2						a) b) c)	
3						a) b) c)	
4						a) b) c)	
5						a) b) c)	
6						a) b) c)	
7						a) b) c)	
8						a) b) c)	

Date⁽⁴⁾ : (D/M/Y)

Signature :

NOTES

- (1) Attach a copy of your documentary evidence for periods outside France (pay slips, certificate of employment, bill for contributions, etc.).
- (2) Specify type of employment as well as any periods without employment (e.g. residency, unemployment, sickness, military service, etc.).
- (3) Specify whether you are declaring a period of compulsory insurance, voluntary insurance, or a period without insurance.
- (4) Date and signature by the person whose information appears in section 1.

Medical report

*Articles 20 and 26-1 b) ii) of the Agreement
Articles 4-2 b) and 8-4 b) of the Implementing Agreement*

This form must be completed in capital or block letters by the doctor who is issuing this report. It is 11 pages long; none of the pages may be omitted even if they do not contain any information.

1 SECTION TO BE COMPLETED BY THE INSURED

- 1.1 French identification number:
- 1.2 Canadian Social Insurance Number:
- 1.3 Last name used:
- 1.4 First and middle name(s) :
- 1.5 Last name at birth:
- 1.6 Date of birth: (D/M/Y)
- 1.7 Place of birth: (city, province or department, country):
- 1.8 Sex: ☐ Male ☐ Female
- 1.9 Address at time of application:
.....
- 1.10 Telephone:
- 1.11 Email :

SECTION TO BE COMPLETED BY THE DOCTOR

2 PERSONNAL HISTORY

- 2.1. Personal and family medical history:
.....
.....
.....
- 2.2. Employment history:
.....
.....
.....
- 2.2.1. Current employment:
- Is the insured currently gainfully employed? ☐ Yes ☐ No
- Number of hours:
- Type of employment:
- ☐ Unfit for work since: (D/M/Y)

☐ Ceased working on:(D/M/Y)

3 MEDICAL HISTORY

3.1. Current symptoms:

.....

.....

.....

3.2. Current treatment:

.....

.....

.....

3.2.1. What is the completion date for the treatment described under subsection 3.2? (State date – D/M/Y):

.....

.....

.....

3.2.2. Is a surgical procedure scheduled? If **yes**, what date is it scheduled for?

.....

.....

.....

3.3. Prognosis (Recovery):

.....

.....

.....

.....

3.4. Date of onset of illness (D/M/Y):.....

3.5. State the information that was used to determine the date of onset of illness:

.....

.....

.....

.....

4 OVERALL PHYSICAL EXAMINATION

4.1. Overall Condition

Height: cm

Weight: kg

4.1.1. Nutritional status:

☐ Normal weight ☐ Overweight ☐ Underweight

4.1.2. Mucus membranes:.....

4.1.3. Skin:

4.1.4. Mental status, mood:.....

4.1.5. Remarks:

4.2. Head

4.2.1. Vision:.....

4.2.2. Hearing:.....

4.2.3. Other sensory organs:.....

4.3. Neck (external findings)

4.3.1. Examination of the thyroid gland:.....

4.3.2. Lymph nodes:.....

4.3.3. Other remarks:

4.4. Respiratory system:.....

.....
.....
.....

4.5. Circulatory system

4.5.1. Heart:.....

.....

4.5.2. Pulse:

.....

4.5.3. Blood pressure (at rest):.....

.....

4.5.4. Blood pressure (second measurement):.....

.....

4.5.5. Peripheral blood vessels:

.....

4.5.6. Edema:

.....

4.5.7. ECG (at rest) :

.....

4.6. Abdomen

4.6.1 Digestive system and connected intra-abdominal organs:

.....

4.6.2 Liver:.....

.....

4.6.3 Spleen:

.....

4.6.4 Endocrine system:.....

.....

4.7. Genitourinary tract:.....

.....

4.8. Mental status examination (appearance, attitude, mood, thought, speech and language, consciousness, orientation, short- and long-term memory, neuroperception, abstraction, and insight and judgment.

.....

.....

.....

4.9. Locomotor system (if necessary, use the Neutral - Zero method, page7)

4.9.1. Spine:

.....

.....

4.9.2. Upper limbs:

.....

.....

4.9.3. Lower limbs:

.....

.....

4.9.4. Lymph nodes present :

.....

.....

4.10. Neurological examination:

4.10.1. Motor skills (power and muscle tone):

☐ Normal

☐ High

☐ Slow

☐ Low

4.10.2. Gait:

☐ Normal

☐ Impaired

Type of impairment:

4.10.3. Reflexes:

.....

.....

4.11. Neurovegetative symptoms:

.....

.....

.....

4. 12. Additional information:

.....

.....

.....

5 FUNCTIONS AND OTHER ADDITIONAL TESTS* (IF NECESSARY)

5.1. Lung function:

.....

.....

.....

5.2. Heart function/Stress test:
.....
.....
.....

5.3. Imaging (indicate date - D/M/Y) :

.....
5.3.1. Doppler Ultrasound (heart and blood vessels) :

.....
.....
.....

5.3.2. Today's X-ray results:
.....
.....
.....

5.3.3. Previous X-ray results:
.....
.....
.....

5.3.4. Ultrasounds (abdominal and other) :
.....
.....
.....

5.3.5. MRI and special tests:
.....
.....
.....

5.4. Lab results:
.....
.....
.....
.....

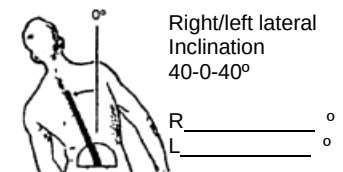
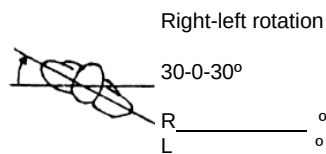
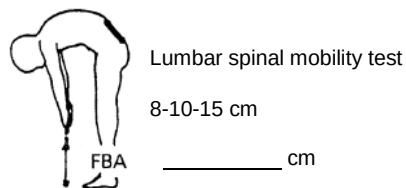
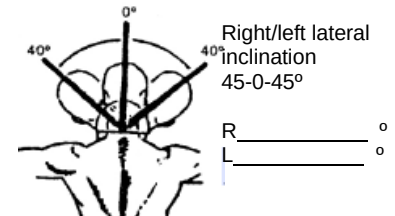
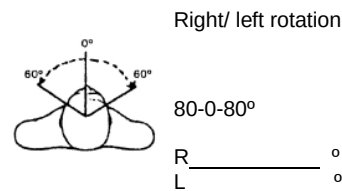
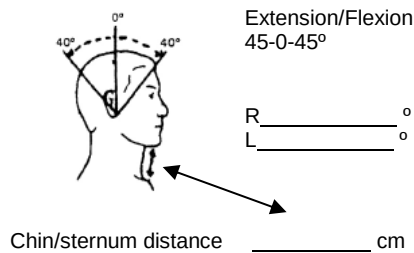
5.5. Other tests:
.....
.....
.....
.....

Neutral-Zero method :

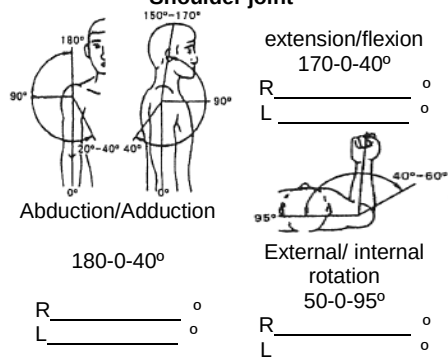
Use this sheet to measure the locomotor system according to the Neutral-Zero method.

Only state pathological findings or normal findings that should be specifically recorded.

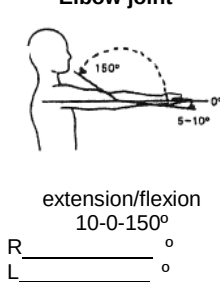
Spine



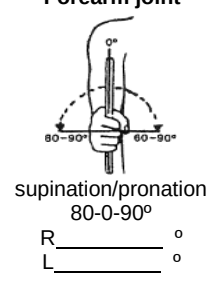
Shoulder joint



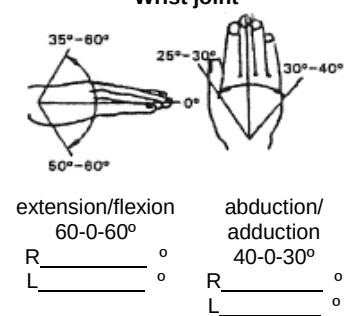
Elbow joint



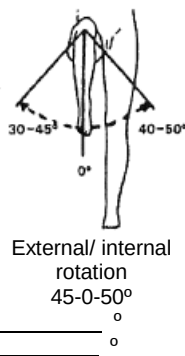
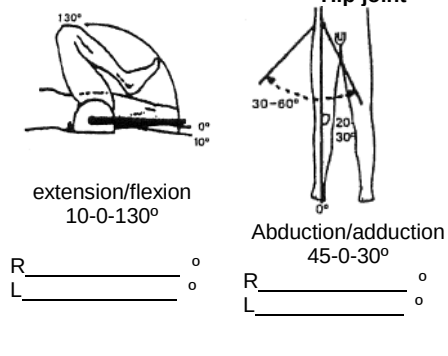
Forearm joint



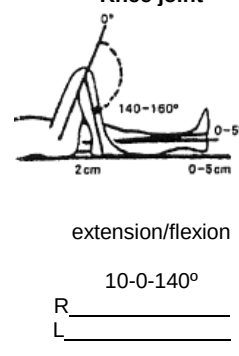
Wrist joint



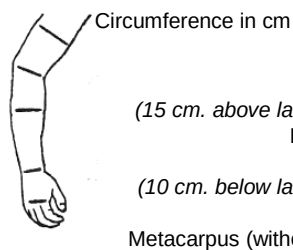
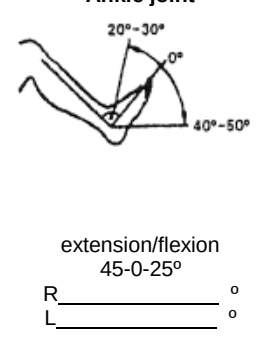
Hip joint



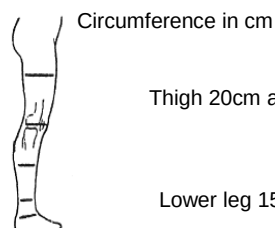
Knee joint



Ankle joint



R	L



R	L

6 CLINICAL DIAGNOSIS

6.1. Primary diagnosis – ICD code:

.....
.....
.....

6.2. Secondary diagnosis/ diagnoses – ICD code :

.....
.....
.....

7 OVERVIEW

7.1. Course of disease:

.....
.....
.....

7.2. Impact on the insured's state of health:

.....
.....
.....

7.3. Functional deficits:

.....
.....
.....

7.4. Compared to the previous examination (dated)(D/M/Y), the insured's condition:

☐ has improved

☐ has worsened

☐ has remained unchanged

7.5. Is the insured suffering from a temporary disability?

☐ Yes

☐ No

7.6. Is the insured permanently unfit to perform his/her usual job?

☐ Yes

☐ No

7.7. Is the insured permanently unfit to perform any activity?

☐ Yes

☐ No

Provide evidence:

.....
.....

7.8. Was the insured's disability a result of a work accident or occupational illness?

☐ Yes

☐ No

7.9. The insured is still able to regularly perform the following types of work:

☐ heavy exertion

☐ average exertion

☐ light exertion

8 DESCRIPTION OF FUNCTIONAL RESTRICTIONS

The following restrictions must be taken into account:

8.1. Avoid the following working conditions:

☐ Exposure to damp

☐ Exposure to cold

☐ Exposure to heat

☐ Exposure to noise

☐ Exposure to smoke, gases, vapors, and fumes

☐ Nighttime work

☐ Shift work

☐ Danger of falling

☐ Tasks requiring frequent bending, lifting, carrying, or climbing ramps or stairs

8.2. Work can only be performed under the following conditions:

☐ While seated

☐ With no particular deadlines

☐ Indoors

☐ With extra breaks:

Number and length of these breaks:

☐ Allowing changes in body position

☐ Alternating walking, sitting, and standing

8.3. The insured's ability to work is reduced due to a limited use of his/her sensory organs, hands, etc.:

.....
.....
.....

8.4. The insured is allergic to:

.....
.....

9 ADDITIONAL QUESTIONS

9.1. Can the insured work with display screen equipment?

☐ Yes

☐ No

If not, please explain why:
.....

9.2. Can the insured work independently at the workplace without the support of another person?

☐ Yes

☐ No

If not, please explain why:
.....

9.3. Can the insured work independently from home without the support of another person?

☐ Yes ☐ No

If not, please explain why:
.....

9.4. Can the insured work full-time in his/her most recent position, i.e.:

.....
☐ Yes ☐ No

If not, please specify maximum working time
(in hours or as a percentage of a normal working day):

9.5. Is employment possible with accommodations?

☐ Yes ☐ No

If yes, please list some examples:
.....
.....

9.6. Is full-time employment possible with accommodations?

☐ Yes ☐ No

If not, please specify maximum working time
(in hours or as a percentage of a normal working day):

9.7. Under the legislation of the country of residence, the insured's disability with regard to his/her most recent occupation is:

☐ total ☐ partial

9.8. The restrictions listed above are:

☐ permanent since: (D/M/Y)
☐ temporary and are only valid from: (D/M/Y) to (D/M/Y)

9.9. Is an improvement in the insured's current state of health possible?

☐ Yes ☐ No ☐ Unable to answer

If yes, please specify how an improvement can be achieved:
.....
.....

9.10. Can an improvement in the insured's capacity for work be achieved through:

☐ Medical rehabilitation?
☐ Vocational rehabilitation?
☐ Unable to answer

9.11. Will the insured need to undergo a re-examination?

☐ Yes ☐ No

If yes, please state when: (D/M/Y)

10 ADDITIONAL REMARKS

.....

.....

.....

.....

.....

11 DOCTOR ISSUING THIS REPORT

Last and first name:.....

Medical specialty:.....

Address:

Place examination was conducted:

Telephone:

Email:

Date :.....(D/M/Y)

Signature and stamp

Remark

(*) If additional tests have been completed, please attach the results to this form.