



Please return the completed form to:

Disability Reinsurance Management Services, Inc.

300 Southborough Drive, Suite 200

South Portland, ME 04106-6914

Phone: (877) 254-0085

Fax (207) 766-3448

Please Return By: _____

Job Requirements Form

To assist in our understanding of your employee's pre-disability job duties, please complete in full.

Claimant's Name:

Job Title:

1. Does the position require any of the following? If yes, please specify how often it is required.

	Yes	No		
Standing	<input type="checkbox"/>	<input type="checkbox"/>	_____ hours per day	_____ % of the time required in an avg. 8-hour day
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	_____ hours per day	_____ % of the time required in an avg. 8-hour day
Walking	<input type="checkbox"/>	<input type="checkbox"/>	_____ hours per day	_____ % of the time required in an avg. 8-hour day

For Questions 2 & 3 please refer to the following definitions

Occasionally: activity is performed up to 1/3 of the time

Frequently: activity is performed from 1/3 to 2/3 of the time

Constantly: activity is performed 2/3 or more of the time

2. How many pounds is the employee required to:

Lift	_____	Occasionally	_____	Frequently	_____	Continuously
Carry	_____	Occasionally	_____	Frequently	_____	Continuously
Push	_____	Occasionally	_____	Frequently	_____	Continuously
Pull	_____	Occasionally	_____	Frequently	_____	Continuously

3. How often are the following activities required in an 8-hour day?

R = Rarely	O = Occasionally	F = Frequently	C = Continuously
_____ Bending		_____ Squatting	_____ Reaching
_____ Twisting		_____ Balancing	_____ Climbing
_____ Crawling		_____ Kneeling	_____ Driving
_____ Handling		_____ Fingering	
_____ Reaching (Shoulder Level)		_____ Reaching (Above Shoulder Level)	

4. What degree of dexterity does the position require? High Medium Low

5. Did the employee have supervisory responsibilities? Yes No

If yes, how many employees did he or she supervise? _____

Claim ID:

1201

6. Does the position require use of a computer at work? Yes No

If yes, please explain the type of activities (examples include: tracking attendance and time, word processing, accessing the internet, inventory, data entry, etc.):

7. Does the position require the employee to operate machinery? Yes No

If yes, what types of machinery was he or she expected to operate?

8. General Remarks:

Name

Title

Signature

Date

(_____) _____ - _____
Phone

(_____) _____ - _____
Fax