Activities (Ongoing) Questionnaire

Policy Number: _____ Insured /Annuitant Name: _____

We are currently reviewing your claim for benefits and we need additional information to understand the impact of your condition on your activities. In order to assist us in our assessment, we would appreciate that you answer the following questions. If the space provided is not sufficient, please use additional sheets of paper.

The following questions relate to your current state:

1   Please describe your activities on a normal day of the week from the time you wake to the time you retire for the night.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2   Please describe your activities on a normal day of the weekend from the time you wake to the time you retire for the night.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

3   Describe your current activities.

a) Leisure _____
_____
_____
_____

b) Sports _____

_____

_____

_____

c) Volunteer work _____

_____

_____

_____

d) Club/Associations _____

_____

_____

_____

e) Housework _____

_____

_____

_____

f) Care of children _____

_____

_____

_____

g) Cooking _____

_____

_____

_____

h) Gardening _____

_____

_____

_____

i) Pets _____

_____

_____

_____

j) Continuing or adult education _____

_____

_____

_____

k) Other _____

_____

_____

_____

4   Do you visit your office/workplace since you stopped working?   Yes   No
If *"yes",* how many times per week and how much time do you spend there during each visit? What do your activities consist of during these visits?

_____

_____

_____

_____

_____

_____

5   Are you engaged in other work?   Yes   No
If your answer is *"yes",* please provide complete details: hours of work per week, job description, remuneration, etc.

_____

_____

_____

_____

_____

6   Have you applied for benefits with Canada Pension Plan?   Yes   No

If *"yes",* what is the date of your application? (DD/MM/YYYY) _____
If *"yes",* has it been accepted?   Yes   No
If *"yes",* please provide us a copy of your entitlement letter. If *"no",* has your doctor discussed this matter with you?

_____

_____

_____

_____

_____

7   Do you have a valid driving license?   Yes   No

8   Do you drive?   Yes   No   If *"yes",* how many hours per week? _____

Your cooperation is greatly appreciated.

_____   _____   _____
Name   Signature   Date Signed (DD/MM/YYYY)

(!) **The fastest and easiest way to send us your completed and signed forms is through our online tool,** *Send documents* **on ivari.ca. By using this tool, forms are sent instantly and securely.**