



Salary Indemnity Plan—Short-term (TFEU)

100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 • 604-871-1921 • 1-800-663-9163 • Fax 604-871-2287 • email: benefits@bctf.ca



Short-term—Certificate of attending physician—Sickness or accident claim—Page 1 of 1

Please print

Patient's name: _____ School District no.: _____ Date of birth: _____

I hereby authorize the release of any information requested in respect to this form, to the claims' administrator of the Salary Indemnity Plan, rehabilitation service provider and their agents, and to independent medical examination providers pursuant to Regulation 3.4,

Date: _____ Patient's signature: **X** _____
Note: Type name if completing online for authorization purposes.

I hereby certify that _____ is being treated by me for the following:

Diagnoses (state in detail nature of illness or injury): _____

When did present illness begin, or accident occur? _____

Is it more likely than not that the illness or accident arose out of and in the course of their employment? No Yes

Was a pre-existing condition activated, aggravated, or accelerated by their employment? No Yes—please provide details:

From what date was the patient unable to work? _____

Has your patient been referred to a specialist physician or Registered Psychologist? No Yes

Details: _____

Patient return to work, if applicable: part-time full-time Return date: _____

Details: _____

In the case of pregnancy, fill in the following information:

Date of expected birth: _____ Date of actual birth: _____

Is the medical condition expected to resolve after childbirth? Yes No—please provide details:

Please print Date: _____ 20 _____

Name of attending physician: _____

Address: _____

Telephone number: _____

Signature: _____

Note: Type name if completing online for authorization purposes.

Date received by BCTF Income Security

This form must be fully completed before payments can be made by the BCTF Salary Indemnity Plan.

Any charge for completing this form is the responsibility of the claimant.

The information in this report is considered confidential, but all information herein is available to the claimant upon written request to the BCTF Privacy Officer.