

Employee Benefits

Job description for a disability claim

Member number

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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 given must therefore be complete and accurate.

Section 1: Employer details

Name of employer

Section 2: Member details

Title

 Initial/s

 First name

Surname

Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
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RSA ID Yes No ID / Passport number

Passport country of origin

Gender Male Female

Home language

Correspondence language English Afrikaans

Employee number

Job title

Please list the important or regular tasks

Number of people reporting to the employee (if applicable)

Work hours per day excluding lunch and tea breaks

Section 3: Work environment

What percentage of the working day does the member work?

Indoors

 %

Outdoors

 %

At heights

 %

At depths

 %

Temperature range in place of work

 to

 degrees centigrade

Decibel range in place of work

 to

 decibels

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

Please state the type of dust the member is exposed to

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Section 3: Work environment (continued)

Is the member exposed to any fumes while working?

Yes			No		
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Please list all fumes the member is exposed to

Section 4: Physical demands

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

Lifting weights	Yes			No			Range of weights lifted			to			kg
Carrying weights	Yes			No			Range of weights carried			to			kg
Pushing weights	Yes			No			Range of weights pushed			to			kg
Pulling weights	Yes			No			Range of weights pulled			to			kg

Does the member's job involve any climbing?

Yes			No		
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If Yes, what type of climbing (eg stairs, ladders, scaffolding)

Please indicate how much time is spent on the following activities during each working day. Tick the relevant column.

	Never	Sometimes	Often	Always	Hours per day
Sitting					
Kneeling					
Standing					
Bending					
Walking on even terrain					
Walking on uneven terrain					
Use of both hands					
Use of fine coordination					
Engaging in physical labour					
Reaching above shoulder height					
Reaching below shoulder height					
Working in cramped conditions					

Where the member's job involves walking, please indicate

Average distance walked over even terrain per day km

Average distance walked over uneven terrain per day km

Where the member's job involves manual labour, please specify the tasks involved

Please list all items used in the course of the member's work

Equipment used	
Tools used	
Materials used	
Machinery used	

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Section 5: Driving

Only complete this section if driving is a component of the member's job

Licence code/s required

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Type of vehicle/s driven

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Average distance driven

per day km

per week km

per month km

Section 6: Flying

Only complete this section if flying is a component of the member's job

Type of aeroplane flown

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Average distance flown per week

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Average number of hours flown per week

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Section 7: Cognitive demands

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

	Never	Sometimes	Often	Continuously	Hours per day
Concentration					
Memory					
Planning					
Problem solving					
Decision making					
Administration / Clerical tasks					
Calculations / Working with figures					

Section 8: Communication demands

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

	Never	Sometimes	Often	Continuously	Hours per day
One-to-one communication					
One-to-group communication					
Verbal communication					
Written communication					
Communication with colleagues					
Communication with clients					

Is the member responsible for the supervision of any staff?

Yes

No

If Yes, number of staff supervised

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Section 9: Safety hazards

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

What other alternative jobs within the company would the member be capable of performing?

