



Work History and Education Questionnaire

Aetna Life Insurance Company
P.O. Box 14560
Lexington, KY 40512-4560
Telephone: 866-326-1380
Fax: 866-667-1987

Instructions: Please print, answer all questions, date and sign the release. Complete and sign the form using BLUE or BLACK ink.

1. Employee Information	Name (Last, First, Middle Initial)		Social Security Number
	Control Number	Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

2. Education	Highest Level Achieved
	Grade <input type="checkbox"/> 1-8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED College <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Post Graduate Work
	List Degrees, Majors
	List Any Additional Training
	List Any Certifications or Licenses
Military Services/Training	

3. Work History	Current Job You Are Disabled From	Date Hired (MM/DD/YYYY)	Salary
	Description of Your Job (e.g., Tasks/Functions Performed; Include: Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level)		
	List Those Duties You Now Cannot Perform		
	Supervision of Others <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Hours In Your Workday <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 Other _____	
Other Job Titles Held:			

In Your Work Day, How Much Time (Hours) Did You Spend:

A. Sitting 1 2 3 4 5 6 7 8 Continuously

B. Standing 1 2 3 4 5 6 7 8 Continuously

C. Walking 1 2 3 4 5 6 7 8 Continuously

On The Job You:	Occasionally	Frequently	Continually
1. Bend/Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reach Above Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lift Up To 10 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-25 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-50 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 Pounds or More	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do You Use Your Hands And/Or Feet For Repetitive Movements? (E.G. Operating Foot Controls)

Right Hand: Yes No Right Foot: Yes No

Left Hand: Yes No Left Foot: Yes No

Employee Name (Last, First, Middle Initial)	Employee Social Security Number
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Please provide complete work history information for the past 15 years (list chronologically and use additional paper if necessary).

4. Other Work History	Employer	Job Title	Employed From _____ To _____	Salary
	Description of your job			
	Training Received			
	Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level			
	Supervision of others as part of your job <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Job Titles Held	
	Employer	Job Title	Employed From _____ To _____	Salary
	Description of your job			
	Training Received			
	Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level			
	Supervision of others as part of your job <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Job Titles Held	
	Employer	Job Title	Employed From _____ To _____	Salary
	Description of your job			
	Training Received			
	Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level			
	Supervision of others as part of your job <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Job Titles Held	

Please list your outside of work activities (e.g. Sports, Activities, Hobbies)

5. Additional Information	Before your Disability:
	After your Disability:

6. Certification	I hereby certify that the foregoing statements and answers are complete and true to the best of my knowledge and belief. Date (MM/DD/YYYY) _____ Signed Employee _____
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7. Authorization	To my present employer and all previous employers: I hereby authorize my present and past employers to provide Aetna or its representative with a description of all job-related duties and functions I performed while actively employed. I further authorize Aetna or its representative to release this information to vocational or clinical specialists it utilizes during the course of its administration of my disability claim. A copy of this authorization shall be as valid as the original. Date (MM/DD/YYYY) _____ Signed Employee _____
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Employee Name (<i>Last, First, Middle Initial</i>)	Employee Social Security Number
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Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Arkansas, Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention California, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon Residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Employee's Signature	Date (<i>MM/DD/YYYY</i>)
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