

Form 7

QUESTIONNAIRE TO FORMER EMPLOYER

The Teachers' Pensions Act

The Board has received an application for a disability allowance from _____

who was last employed by The _____ School Division/District No. _____

1. When did you last see the applicant? _____

2. Judging from the applicant's apparent physical and mental condition, do you think that [he/she] is unable to continue in [his/her] present occupation? _____

3. Would you consider the applicant to be totally and permanently disabled? _____

4. Please give brief reasons for your opinion.

The above information is given in confidence and without prejudice.

Date: _____

Employer

Position