aetna®

Work History and Education Questionnaire

To be completed by the Employee

Aetna International
Coverage underwritten by Aetna Life Insurance Company and Aetna Life & Casualty (Bermuda) Ltd.

Aetna International
Attn: Disability Claims Processing
PO Box 14560
Lexington, KY 40512-4560
USA

Phone: **866-326-1380** Toll Free Within U.S.A.
800-231-7729 Toll Free – Outside U.S.A. (via AT&T Direct Access Code)
813-775-0190 Direct or Collect outside U.S.A.

Fax: **855-806-0522** Within U.S.A. and via AT&T Direct Access Code from any country

Instructions: *Please print, answer all questions, date, and sign the release.* Complete and sign the form using BLUE or BLACK ink. If you have a resume, please include with this form submission. Please thoroughly complete all sections of this form or it will be returned for additional information.

1. Employee Information

Name *(Last, First, Middle Initial)*

E-mail Address

Claim Number

Date of Birth

Gender ☐ Male ☐ Female

2. Education

Highest Level Achieved
Grade ☐ 1-8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ GED College ☐ 1 ☐ 2 ☐ 3 ☐ 4

Degrees, Majors/Minors, Years Achieved and School Name

If No Degree, Please List Last Year Attended, School Name, and Degree Track

Post Graduate Courses/Degree(s)

Additional Training, Skills, and Languages Spoken

List Any Certifications or Licenses

Military Services/Training: Please List Branch, Rank, DOD or Military Occupation Code and Dates of Service

Computer Skills:
Do you know how to type/keyboard? ☐ Yes ☐ No
Did you use a computer at work? ☐ Yes ☐ No
For what tasks? _____
_____
_____
Do you know how to use the Internet? ☐ Yes ☐ No
If yes, for what activities? _____
_____
_____
Can you use a smart phone? ☐ Yes ☐ No

Do you use a home computer? ☐ Yes ☐ No
If yes, for what activities? _____
_____
_____
Do you know how to use:
Word processing software (MS Word)? ☐ Yes ☐ No
Spreadsheets (Excel)? ☐ Yes ☐ No
E-mail (Outlook)? ☐ Yes ☐ No
Presentation software (Power Point)? ☐ Yes ☐ No

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, and Mental Demands.)

Supervision of Others ☐ Yes ☐ No

Number of Hours In Your Workday ☐ 8 ☐ 10 ☐ 12 Other _____

Other Job Titles Held with This Employer and Dates Performed

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

Lifting Requirements:	Occasionally	Frequently	Continually	Never
Lift Up To 10 Pounds	☐	☐	☐	☐
11-25 Pounds	☐	☐	☐	☐
26-50 Pounds	☐	☐	☐	☐
50 Pounds or More	☐	☐	☐	☐

Employee Name *(Last, First, Middle Initial)*	Claim Number

4. Other Work History

Please provide complete work history information (list chronologically and use additional paper if necessary).
If you have a resume, please include with this form submission.

Please explain any gaps in employment history.

Employer	Job Title	Employed From _____ To _____	Salary

Description of Your Job

Training Received

Computers, Equipment, Tools and Applications Used

Time Demands (e.g. deadlines, quotas, metrics)
☐ Yes ☐ No Please describe: _____

Supervision of Others as Part of Your Job	Other Job Titles Held with This Employer and Dates
☐ Yes ☐ No	

Employer	Job Title	Employed From _____ To _____	Salary

Description of Your Job

Training Received

Computers, Equipment, Tools and Applications used

Time Demands (e.g. deadlines, quotas, metrics)
☐ Yes ☐ No Please describe: _____

Supervision of Others as Part of Your Job	Other Job Titles Held with This Employer and Dates
☐ Yes ☐ No	

Employer	Job Title	Employed From _____ To _____	Salary

Description of Your Job

Training Received

Computers, Equipment, Tools and Applications used:

Time Demands (e.g. deadlines, quotas, metrics)
☐ Yes ☐ No Please describe: _____

Supervision of Others as Part of Your Job	Other Job Titles Held with This Employer and Dates
☐ Yes ☐ No	

Please list your outside work activities including Sports, Activities, Hobbies, Volunteer Work

5. Additional Information

Before your Disability (note frequency of activity):

After your Disability (note frequency of activity):

Volunteer Activity

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 _____

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 _____