National Defence / Défense nationale

Medical Examination Form and Physician's Certificate − Supplementary Benefits for Retired Members of the Canadian Forces

Case no.
Annuity no.
Release date
Service no.

A. General Information

Status of application ***(Check one)***

☐ First application **OR** ☐ Re-examination for continuing benefits

Applicant's telephone no.
Work:
Home:

Rank	Surname	Given name(s)

Address	Date of birth

Present employer and location ***(insert N/A if not employed)***	Telephone no. of employer

Duties of position ***(insert N/A if not employed)***	☐ Full time ☐ Part time

In receipt of Canada Pension Plan/Quebec Pension Plan disability pension:

☐ Yes Effective date _____

☐ No

I hereby apply for the Supplementary Benefit under Part III of the *Canadian Forces Superannuation Act* as I am incapable of pursuing regularly any substantially gainful occupation. I hereby certify that should I subsequently obtain full time employment, I will immediately notify Director Canadian Forces Pension Services (DCFPS), National Defence, Albion Tower, 25 Nicholas Street, Ottawa ON K1A 0K2. I understand that the cost of any medical examination is my personal responsibility.

Date	Signature of applicant

Formulaire disponible en Français - DND 2190-F

DND 2190-E (01-2013) CLF 2.0
Design: Forms Management 613-957-6899 / 613-957-6906

Canada

B. Examining Physician's Declaration

I, the undersigned duly qualified medical practitioner, certify that I have made a detailed examination of the above named pensioner/ annuitant and that in my opinion the said person ***(check one box only)***

☐ is capable of pursuing regularly a substantially gainful occupation.

☐ is temporarily incapable of pursuing regularly any substantially gainful occupation commencing _____ *(month/year)*

however, it is considered that he/she might be able to return to work in _____ *(months or years)*

☐ is permanently incapable of pursuing regularly any substantially gainful occupation commencing _____ *(month/year)*

Date	Signature of physician	Address

The details of the medical examination should be entered on the Occupational Health Assessment Report (Form HC/SC 3312E). This DCFPS form and the Occupational Health Assessment Report should then be sent to the appropriate Medical Services branch office at:

CAUTION: Please do not send the Occupational Health Assessment Report (Form HC/SC 3312E) or confidential medical information to any non-medical government office.

C. Recommendation of Health Canada

To be completed by an authorized medical officer of the medical services branch.
(Complete either Section (1) or (2) and check appropriate boxes.)

(1) ☐ Payment of Supplementary Benefit is recommended. Effective date of disability _____ *(month/year)*

If the applicant has indicated full time employment, why is it not considered a "substantially gainful occupation"?

☐ No further review required. **OR** ☐ Date re-examination is required is _____ *(month/year)*

(2) ☐ Payment of Supplementary Benefit is **NOT** recommended.

Date	For Deputy Minister of Health Canada

HEALTH CANADA ONLY

The original of this form should be forwarded to: Director Canadian Forces Pension Services (DCFPS), National Defence, Albion Tower, 25 Nicholas Street, Ottawa, ON K1A 0K2.