

**YOUR GROUP DISABILITY BENEFIT PLAN
PROGRAM – SHORT TERM (STD) AND LONG
TERM(LTD) DISABILITY**

FREQUENCY ASKED QUESTIONS

*Sponsored by
ATU Local 1624*



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What is the waiting (elimination) period before I would be eligible for disability benefits?

An 'elimination period' is defined as: If a period of time during which you must be absent from work due to a total disability before you are eligible for disability benefits. STD benefits are payable following an uninterrupted period of 6 consecutive days. LTD benefits are payable following an uninterrupted period of 32 consecutive weeks.

How do I apply for disability benefits?

There are 3 phases of disability benefits;

Short Term Disability:

If you become sick or injured and unable to work for an extended period of time, you must notify your Plan Administrator **immediately** when you stop working and the STD Claim Application Forms will be forwarded to you. The STD Claim Application includes 3 forms:

- Policyholder Statement
This form will be sent to the Union Office by the Plan Administrator for completion and returned to the Plan Administrator
- Member's Statement
This form should be completed in its entirety by you and returned to the Plan Administrator
- Attending Physician Statement
There are 2 Forms
 - Psychological Illness;
 - Physical Illness

Only one form should be completed in its entirety by your attending physician/specialist and returned to the Plan Administrator

All forms should be returned as a package to the Plan Administrator.

NOTE: Industrial Alliance must receive notice of your STD claim within 30 days from the date of disability

Employment Insurance (EI) Sick Benefits:

Should you continue to be disabled following the waiting period of 6 days and 17 weeks of STD benefits, you must apply for EI Sick benefits. EI Sick benefits are paid for a maximum of 15 weeks.

Long Term Disability:

During your EI period, Industrial Alliance will contact you and if you continue to be disabled, Industrial Alliance will mail you

a LTD Attending Physician Statement to be completed by your attending physician/specialist and returned to Industrial Alliance.

NOTE: Industrial Alliance must receive notice of your LTD claim within 90 days of the end of the elimination period of 32 weeks.

If my disability is a result of a work related injury and I have applied for WSIB, do I still apply for STD benefits?

Even if you are eligible for benefits from WSIB for your work-related injury, a STD claim should always be filed. This will allow Industrial Alliance to adjudicate your claim for STD benefits in the event that you claim with WSIB is pending for more than 6 days (the STD elimination period); your WSIB benefits are declined or terminated.

Should your claim be approved for STD benefits and subsequently your claim with WSIB has been approved, your STD benefits will be reduced by the amount of your WSIB benefits and you will be required to reimburse the insurance company any benefits overpaid.

If your claim is accepted by WSIB, in addition to completing the STD Claim Application Forms, you should also submit:

- A copy of any correspondence received from WSIB (letter of acceptance);
- A copy of the statement of benefits from WSIB

If your claim is denied or terminated by WSIB, in addition to completed the STD Claim Application Forms, you should also submit:

- A copy of any correspondence received from WSIB (letter of denial/termination of benefits);
- Written confirmation stating whether you are appealing WSIB's decision

What does "total disability" mean and what are the criteria?

During the "elimination period" (17 weeks of STD benefits and 15 weeks of EI Sick benefits) and the first 24 months of LTD "total disability" means that you are not able to perform substantially all of the essential duties of your own occupation due to an illness or injury; thereafter, any gainful occupation for which you are qualified by training, education or experience and you can earn at least 70% of your pre-disability gross monthly earnings.

How are my Disability benefits calculated?

Your STD Plan provides you with a tax-free benefit equal to 55% of your average (*) weekly gross income to a maximum of \$1,000.

The EI Sick Plan provides you with a taxable benefit equal to 55% of average weekly insurable earnings to a maximum of \$562 (as of January 1, 2019) per week.

Your LTD Plan provides you with a tax-free benefit equal to 55% of your average (*) monthly gross income to a maximum of \$8,000.

(*) Your disability income benefit is based on the average of your actual gross income over the previous 52 weeks. There is a separate calculation if you have less than one year service with the company.

How will my STD/LTD disability claim be evaluated?

Your Disability Case Manager is the single point of contact specifically assigned to the management of your claim. Your Disability Case Manager examines the information provided and determines if you are eligible for STD/LTD disability benefits. The first step is to ensure that your coverage is still in effect. The next step involved is reviewing the medical information regarding your diagnosis, treatment and limitations, then analyzing this information based on the tasks related to your job to determine your ability to carry out your work.

Your Disability Case Manager may contact you to conduct a telephone interview with specifically designed questions to assist in understanding your condition and your medical limitations.

How long will it take to process my disability claim?

Once all the required documents are received, your Disability Case Manager will inform you of their decision (acceptance, denial or request for additional medical information) within 5 working days for STD claims and 10 working days for LTD claims following receipt of your STD or LTD Claim Application forms/additional documents.

How will I be informed of the decision of my disability claim?

Whether your claim is accepted, pending or denied, your Disability Case Manager will call you to inform you of the decision. The Disability Case Manager will also send you written confirmation and in the case of denial, a detailed explanation of the reasons for the decision.

If my claim is accepted, when do my payments start?

Your benefit payments will be paid from the date the "elimination period" is completed (6 days for STD; 32 weeks for LTD) and benefits are paid on a bi-weekly basis for STD and monthly basis for LTD in arrears.

How long will I receive disability benefit payments?

Your disability benefit payments will continue as long as you meet the definition of total disability and satisfy other obligations (such as pursuing appropriate care and treatment). Under the STD Plan benefits are paid to a maximum of 17 weeks. Under the LTD Plan, the insurance company will consider whether you are "totally disabled" from your own occupation for a period of 24 months following the elimination period (32 weeks). After this period of time, your claim will then be considered whether you are "totally

disabled” from any occupation. In the event that you remain continuously and totally disabled, benefits may continue until you reach age 65, or die, whichever occurs first.

What if I receive income from another source? How will it impact my disability benefits?

Your disability benefits are reduced by payments received from other sources, such as CPP Disability Pension, Motor Vehicle Accident benefits and Workers’ Compensation benefits. If you receive a retroactive award, you will be expected to reimburse the insurance company any benefits overpaid. You must inform the insurance company of all sources of income from the start of your disability.

Why might I be asked to apply for Canada Pension Plan Disability Benefits (CPP)?

If you are eligible for CPP Disability benefits and you don’t apply and no longer contribute to CPP, this would have an adverse effect on your CPP Retirement benefits as the retirement pension is an earnings-related benefit; the pension amount depends on your level of earnings during your contributory period. When you retire and eligible for CPP Retirement benefits, CPP Disability will automatically convert your pension to CPP Retirement at age 65 (without having to reapply) and the CPP Retirement benefit will care-out the period of CPP Disability benefit period to determine the contributory period for calculation of retirement benefits. In addition, CPP applies an inflation increase every year and the percentage of increase is not included in the LTD benefit offset reduction. As well, if have eligible dependent children, you could receive an additional monthly benefit for your dependent children which is also not included in the LTD benefit offset reduction.

What is Rehabilitation?

Rehabilitation is a personalized service that is focused on identifying your needs, abilities and barriers to recovery. Rehabilitation involvement is aimed at helping you get better faster so you can return to work.

The rehabilitation process begins with a preliminary evaluation of your disability claim. If your medical condition is considered sufficiently stable, the file is referred to the insurance company’s Rehabilitation Department.

A rehabilitation specialist then proceeds with an evaluation of your needs. This often involves a face-to-face meeting with you in your home and can also include consultation with your Union and Attending Physician. The consult meetings are conducted to assess your abilities, clarify any restrictions and to help better understand your situation.

Once the evaluation has been completed, your and the rehabilitation consultant will develop an individual rehabilitation plan to assist with your recovery and eventual return to work.

What are the commitments of the Rehabilitation Team?

- Facilitating recovery by presenting various rehabilitative options on your needs to ensure appropriate care and treatment for your condition.
- Liaising with your attending physician and your Union/Employer. The rehabilitation consultant will work collaboratively with all parties during your return to work process.
- Eliminating barriers that might interfere with your return to work by providing the necessary tools and support.
- Ensuring a safe and lasting return to work.

What if my doctor proposes a gradual return to work or recommends modified duties?

If you participate in a trial work, part-time or modified work program, which has also been approved by the insurance company in collaboration with your doctor, your Disability Case Manager will coordinate your return to work with the Union/Employer.

If you receive an income as a result of your participation in a gradual return to work program, the amount of your disability top-up benefit will be up to a total of 100% of your pre-disability net earnings.

If my Disability claim is denied or of my Disability benefits are terminated, what are my options?

If your claim is denied or your benefits are terminated, your Disability Case Manager will call you and send you an explanatory letter. Your Disability Case Manager will describe how to proceed and identify the documents to provide if you wish to challenge the decision and appeal.

What happens to my LTD benefits if I pass away

Should you die while receiving a monthly LTD benefit or entitled to receive a monthly LTD benefit, the insurer will pay a benefit to your eligible survivor or, if applicable survivors. If there is no eligible survivor on the date of death, no benefits will be payable.

The amount of benefit to be paid to the eligible survivor or, if applicable, survivors, will be equal to 3 times the net monthly LTD benefit payment.

Are there any provisions in the Disability Plan that I should be aware of as a new hire?

If you joined this Plan after September 1, 2012, you will become eligible for coverage on the first day of the month coincident with or next following the date on which you have completed 3 months of continuous service with the company.

Under the LTD Plan you may be subject to a “Pre-Existing Condition” exclusion.

“Pre-existing Condition” means an illness or injury:

- which was sustained or contracted, or
- for the symptoms of which you were under the treatment by a physician, or
- for the symptoms of which a physician had undertaken an investigation or review of, or
- for which you were taking medication as prescribed by a physician,

during the 3 months prior to the date on which you became covered under this Plan.

No LTD monthly benefit will be payable for a disability

- that resulted either directly or indirectly from, or was in any manner or degree associated with or occasioned by a pre-existing condition; and
- which begins in the first 12 months after you became covered under this Plan.

If a take an approved leave of absence would I still be covered for disability benefits?

If you take an approved leave of absence for a consecutive period of 1 year or less (or as federally regulated) you will be able to continue your disability coverage by “self-paying” your disability premium contribution on a monthly basis. If you elect to continue coverage, you will be required to provide post-dated cheques to cover the entire period of your leave of absence.

Should you maintain your disability coverage and you become disabled during your approved leave of absence (you must submit a Disability Claim Application and be approved for disability benefits), your disability benefits will commence on the day following on the 7th day following the scheduled date of your return to work within the 12 month period.

Should you not wish to maintain your disability coverage, it is important that you are aware that should you become disabled during your leave of absence, you will not be covered and coverage will not commence until such time as you return to active work and the next 3 months.

If my claim is approved and I am in receipt of disability benefits and I return to work but have to stop working due to my condition, will my disability benefits be reinstated automatically?

If you had been disabled and in receipt of disability benefits, return to work and again become disabled, such disability will be considered a continuation of the previous disability provided:

Short-Term Disability

You have been back to work at full-time active work for less than 30 consecutive days.

Long Term Disability

During the elimination period (32 weeks), you have been back to work at full-time active work for less than 15 consecutive days;

After the elimination period has been completed, you have been back to full-time active work for less than 6 months.

Are there any Exclusion and Limitations provisions in the Disability Plan that I should be aware of?

Disability benefits will not be payable for a disability resulting from one of the following causes:

- Civil unrest, insurrection or war, whether war be declared or not, or participation in a riot;
- Attempted suicide or voluntarily self-inflicted injury, while sane or insane;
- Care which is not medically required or which is given for cosmetic purposes, unless such care is for an illness or an accidental injury;
- Committing, attempting to commit a criminal offence, or provoking as assault or criminal offence.

Disability benefits will not be payable for any period you are not under the regular care and attendance of a physician or is not undergoing a course of medical treatment or participating in a program of rehabilitation which, in the opinion of the insurer, is medically required.

Disability benefits will not be payable if you are out of Canada and the United States for a period of 90 consecutive days or more.

Disability benefits will not be payable if you refuse to enter a trial work, part-time work or modified work or a rehabilitation program which has been recommended by the insurer.

Disability benefits will not be payable during any period that you receive payment(s) in lieu of notice under a severance package from the employer.