



There are many stakeholders involved in processing a disability claim: the Employer; the Employee; the treating physician; and the Insurance Company. This guide outlines the steps you, as an Employer, are required to take in situations where employees are off work due to a health or injury disability.




Employees who become totally disabled before age 65 can keep their *Life/Accidental Death and Dismemberment (AD&D)* coverage as long as they remain disabled (in accordance with eligibility requirements of the Master Contracts). After six months of continuous total disability, and on approval from the Insurance Company, premiums can be waived and no further Life insurance premiums are required. Regardless of receipt of any Canada Pension Plan (CPP), Québec Pension Plan (QPP), Workers Compensation or auto insurance benefits, employees must apply for a Life Waiver of Premium after 180 days of Total Disability to prevent interruptions in coverage while not actively working.

Ensuring your Employee applies for the Life Waiver of Premium saves you from paying the cost of the Life premiums that could have been waived. In addition, if the Employee does not apply for the waiver, and a life claim is filed in the future, it will be denied as the Plan will not be aware the Employee was not actively at work due to a disability.

A *Life Waiver of Premium* claim package can be downloaded from the *Claim Forms & Requests* tab on *m4-benefits*.


If you have employees who have been disabled, please see page 4 of this guide.



Immediately after the date of disability, submit your completed *Employer Statement* to initiate a claim. WI claim forms are available on *mi-benefits*.

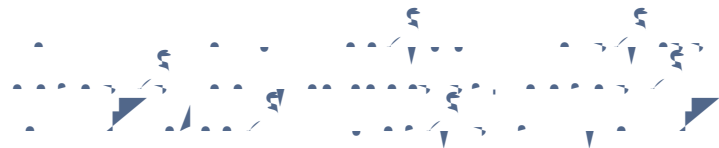
WI claim forms need to be completed as soon as possible, but no later than 120 days after the onset of the disability.

If your firm also holds Long Term Disability benefits, and the disability extends into the LTD period, no additional claim forms are required.



Submit your completed *Employer Statement* 60 days after the date of disability to initiate a claim. LTD claim forms are available on *mi-benefits*.

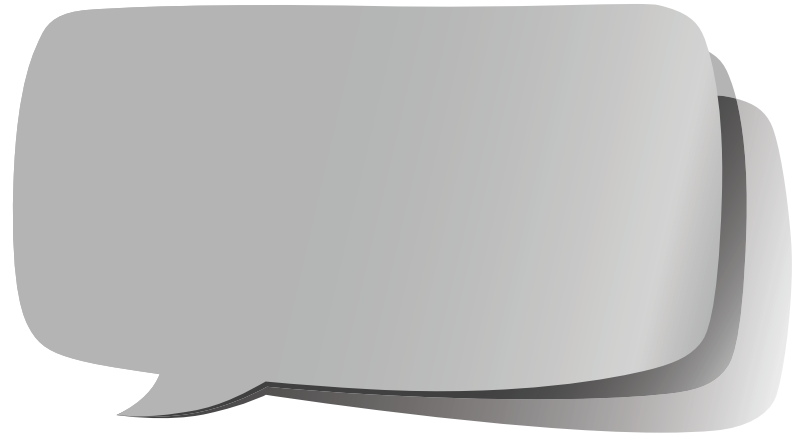
LTD claim forms are required to be completed after 90 days of the date of disability as this will provide Desjardins Insurance with the most recent medical documentation.



Employees off work due to disability should apply for their disability benefits under the Chambers Plan, in addition to WCB benefits. Though WCB benefits are a direct offset of Chambers Plan coverage, and may result in no benefits payable, Desjardins Insurance requires the completed claim forms in order to determine the offset and review for the Waiver of Premium benefits.

Employees should send in their disability claim forms and a copy of their WCB file within 90 days of their last day of work. WCB only covers the first occurrence of an illness or injury and may stop the claim if it no longer meets their plan provisions. They may also approve a claim on partial benefits which would result in Desjardins Insurance topping up the income to the employee's insured disability amount of coverage.

WI and LTD Claim Guides are





The insured does not have to disclose their *Physician's Statement* to anyone other than Desjardins Insurance. For your records, you can have the Employee provide a Physician's note (without a diagnosis), advising the Employee is unable to work due to disability.

An Assessor at Desjardins Insurance may call you to discuss the job duties of the insured and a possible gradual return to work date when/if the Employee is medically able.

Due to confidentiality, Desjardins Insurance will send you an edited version of the approval or denial letter for your records.

Once a disability claim has been approved, the Plan will waive the Life and disability premiums on the first day of the month following six months of total disability. Life Insurance claims and waivers of premium will continue to be approved by Desjardins and only when the medical documentation on file supports Total Disability. Premiums for Dependent Life, AD&D and Critical Illness are also waived at that time.



Members who are totally disabled with an approved *Waiver of Premium* will not be covered for any Out-of-Province/Out-of-Country expenses.



When one of your employees becomes disabled, what happens to their Health and Dental benefits? Do they continue indefinitely?

It is important your company have a formal *Continuation of Benefits* provision that clearly states the policy for all employees, should they ever become disabled. By establishing a policy today, you ensure all employees are treated fairly in the case of a future disability.

Our Benefit Facts publication, *Health and Dental Coverage for Disabled Employees*, can help you determine a policy. It can be found on www.chamberplan.ca. Another resource might be your Chambers Plan Business Assistance Service (BAS). To access any service under BAS, call 1.877.922.8646 – a representative will assist you in connecting with a Human Resource specialist.

