

**A Guide to
Claiming Disability Benefits
and
Application for Group
Short Term Disability Benefits**

For everything you ever wanted to know about Group Benefits go to
www.cooperators.ca/groupbenefits



A Guide to Claiming Disability Benefits

(Please keep this section for your reference.)

Applying for disability benefits can be confusing. This brochure is designed to assist you in this process and to provide answers to the most commonly asked questions.

How do I qualify for disability benefits?

Disability benefits are intended to replace a portion of your salary during the period of time that you are unable to work due to an illness or injury.

To qualify for benefits you must be an eligible covered employee, meet the definition of total disability in your group insurance policy, complete an elimination period, and otherwise satisfy the group insurance policy terms.

Your application for disability benefits does not automatically entitle you to be paid benefits, for reasons that will be stated later in this booklet.

What happens after I submit my claim for disability benefits?

Your claim will be reviewed as quickly as possible.

We confirm that you are an eligible covered employee by confirming that:

- you are enrolled in the group insurance plan;
- premiums have been paid; and
- you were actively at work before you became disabled.

Once coverage is confirmed we review information submitted to determine whether you are totally disabled as defined in your group policy of insurance. The information that we review includes medical documentation and a description of your job duties.

Your claim will be delayed if insufficient information is provided. In this case we will write to inform you of the delay and we may also ask you to help us obtain more information.

Once your claim is approved, a cheque and letter will be mailed to you. If your claim is denied, we will write to you and explain the reason(s) for the denial.

Will my personal information have privacy protection?

Co-operators Life Insurance Company is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business. Co-operators will abide by all federal and provincial privacy legislation which governs the protection of all personal information in its custody. For further information regarding Co-operators' privacy policies, please refer to your Employee Booklet or our website, www.cooperators.ca/en/privacy/privacy.html.

What information does Co-operators Life Insurance Company require to make the claims adjudication decision and what can I do to avoid delays?

1. Make sure all forms are fully completed.
2. Provide additional details of all factors, both at work and at home, which affect your ability to be at work.
3. Ask your employer to provide your physician and us with your most recent job description and task analysis on each job function.
4. Ask your doctor to include reports from all specialists, results of all testing, and any other medical information. If we do not receive sufficient, clear information, we may be required to write to your physician to obtain the information, resulting in a delay of your claim.
5. Provide copies of CPP/QPP, WCB/WSIB and auto insurance claim records if you have applied for or are receiving any of these benefits.

Why would my claim be denied?

Your claim will be denied if you are not eligible for the coverage, where we determine that the medical evidence does not support that you are totally disabled, or you do not otherwise qualify for benefits under the group insurance policy.

Research has shown that it is possible and advantageous for people to remain at work while in active treatment for certain medical conditions and that such an approach can actually shorten the recovery period.

Why would I be requested to submit additional medical information once my claim has been approved?

We require periodic updates on your condition and evidence of continuing total disability. In order to obtain this evidence we may send forms for you and your doctor to complete. In some cases, we may write directly to your physician.

The frequency of these requests will depend upon the nature of your condition and the definition of total disability in your group policy.

Rehabilitation and a Safe Return to work.

If your claim is approved, we may contact you to discuss your return to work. Everyone benefits from your safe and timely return to work. If appropriate, our rehabilitation case manager will work with you, your employer and your physicians to determine and develop the appropriate return to work plan designed just for you.

When should I apply for Canada Pension Plan/Quebec Pension Plan (CPP/QPP) disability benefits?

Your plan administrator/employer may have already asked you to apply. If not, we will advise you when it is time for you to apply. In most group insurance policies, CPP/QPP benefits must be deducted from disability benefits. Benefits received from CPP/QPP are taxable. Your group disability benefit will be reduced by the before tax CPP/QPP benefit, whether your group disability benefit is taxable or non taxable. If you qualify for CPP/QPP benefits, please send us a copy of your Notice of Entitlement so we can recalculate your benefit amount. If we have overpaid you, you will need to pay us back.

If your claim for CPP/QPP benefits has been denied, we may ask you to appeal that decision or reapply.

What if I have applied for Workers Compensation (WCB/WSIB) benefits?

You must still submit your completed insurance claim forms and any other supporting documents to your employer at the same time as you would have, had you not applied to WCB/WSIB. This ensures your claim form is received by us within sufficient time, in the event your Workers Compensation application is denied or benefits are discontinued.

In most policies, WCB/WSIB benefits must be deducted from disability benefits. If you qualify for WCB/WSIB benefits, please notify our office so we can recalculate your benefit amount. If we have overpaid you, you will need to pay us back.

Do I pay premiums while I am receiving WCB/WSIB benefits?

If you are receiving WCB/WSIB benefits, you may also be able to have your group insurance premiums waived for some or all of your coverages even if you do not receive disability benefits from Co-operators Life Insurance Company.

For information about premium payments when you are receiving WCB/WSIB benefits, please refer to your employee booklet.

How do I claim for Short Term Disability (STD) benefits?

Immediately upon your ceasing work, you, your employer and your doctor must each complete a portion of the Application for Group Short Term Disability benefits. Please ask your doctor to provide as much information as possible in relation to your medical condition such as:

1. test results (blood work, x-rays, CT scans, psychological testing);
2. your doctor's office/chart notes;
3. specialists' consultation reports;
4. hospital admission and discharge summaries, and operative reports; &
5. all other available information relevant to your claim.

If you are age 60 or over, please send a copy of a proof of age (Birth or Baptismal Certificate or Passport).

* Except where prohibited by law, you are responsible for paying any fees your doctor charges for completion of forms or for providing medical reports.

How and when will I receive my STD benefit payments?

In most cases STD benefits are payable after the elimination period has been completed.

STD benefits are paid every two weeks. Cheques will be mailed to you directly. Electronic funds transfer is available by completing a Direct Deposit Application form (GL 2050) and submitting it to our office. This form is available on our website.

Payment of STD benefits will cease when:

1. the medical evidence indicates that you are no longer totally disabled;
2. you have recovered sufficiently to allow you to safely return to work. Depending on your group policy, you may be eligible to receive an adjusted (rehabilitation) benefit if initially you need to return to work on a part-time basis.
3. until you have reached the maximum benefit period payable stated in your group insurance policy.

Further questions I may have.

If you have any questions or if you need help with your STD claim, please contact your plan administrator or our claims office in Regina at 1-800-667-8164. Please have your group policy and certificate number ready to give to us to assist with your inquiry.

