

Disability Benefits Reference Guide for Employers

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.

Our group plan does not include disability coverage (Weekly Indemnity (WI) or Long Term Disability (LTD))

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.

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.

Please call the Chambers Plan directly for a *Life Waiver of Premium* claim form.

If you have employees who have been disabled, please contact the Chambers Plan service line at 1.800.665.3365 to speak to a Disability Customer Service Representative.

Email us at chdisability@johnstongroup.ca

Our group plan has Weekly Indemnity benefits

Contact our Service Centre immediately after the date of disability. We will forward a Weekly Indemnity claim kit.

The *Claims Guide* in your kit details the steps involved in the claims process.

WI claim forms need to be completed as soon as possible, but no later than 120 days after the onset of the disability. Claims submitted after this date will be denied.

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

Our group plan has Long Term Disability benefits

Contact our Service Centre after 60 days of the initial date of disability. We will forward a Long Term Disability Claim kit.

The *Understanding Your Long Term Disability Claim* document in your kit details the steps involved in the claims process.

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. Claims submitted after 180 days from the date of disability will be denied.

Should my employees apply for disability benefits if they are receiving benefits from Worker's Compensation Board (WCB)?

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.

Ensure the Employer's Statement is completed in full. It can be submitted separately from the Employee's and Physician's Statements to preserve confidentiality. The claim assessment process will only begin once all three statements have been received.

What happens next?

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.

Does your company have a formal Continuation of Benefits policy?

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.

