

How to apply for long-term disability benefits



If a total disability prevents you from working for an extended period, you may be eligible for long-term disability (LTD) benefits provided under the PEI Public Sector Group Insurance Plan. See your benefits booklet for details about the LTD benefit.

This checklist is designed to guide you through the steps required to apply for LTD benefits from the plan. If your disability is the result of a work-related injury, you will be covered under the provincial Worker's Compensation Board (WCB).

Step 1

Contact the plan administrator

Notify Johnson Incorporated of your disability no later than eight weeks before your qualifying period ends*, even if you are applying for Workers' Compensation benefits.

Step 2

Receive LTD information and forms

A Johnson Incorporated representative will then send you the information and forms you need to apply for LTD benefits. Johnson Incorporated will help guide you through the LTD process and can help you gather other information needed by Canada Life, the insurance company that handles LTD claims.

Step 3

Complete the necessary forms

You will need to complete the following forms for Canada Life to review and process your disability claim:

- *Long-term Disability Employee's Statement/Notice of Claim form*
- *Authorization to Release Information form*
- *Authorization for Group Insurance Deductions form*
- *Direct-Deposit Authorization form*

Step 4

Ask your attending physician to complete a form

Your attending physician must also complete the Initial Attending Physician's Statement form. You will be required to submit this form to Canada Life with your other documentation.

* LTD benefits begin after the qualifying period. The qualifying period ends on the date your accumulated sick leave credits expire or after four months of continuous total disability, whichever is later. You must continue to be totally disabled at that time.

What is total disability?

You are considered totally disabled if an illness or injury renders you physically or mentally incapable of performing the essential duties of your normal occupation during:

- the qualifying period*; and
- the following 24 months of disability.

If during this period another occupation becomes available for which you are qualified, and you are mentally and physically able to perform the essential duties of this job, you must accept it. Otherwise, benefits will end.

After the qualifying period and the following 24 months of disability, the illness or injury must render you physically or mentally incapable of being gainfully employed for:

- any occupation for which you are or may become qualified by education, training or experience; and
- any occupation that pays 75% or more of the current monthly earnings for your normal occupation.

Step 5

Return all forms and other required documents

Return your completed forms to Johnson Incorporated as soon as possible, but no later than six months from the end of the qualifying period. Here's a checklist of the forms and documents required to process your application for benefits.

Forms	Documentation
<ol style="list-style-type: none">1. <i>Long-term Disability Employee's Statement/Notice of Claim</i>2. <i>Authorization to Release Information</i>3. <i>Authorization for Group Insurance Deductions</i>4. <i>Direct-Deposit Authorization</i>5. <i>Attending Physician's Statement</i>	<ol style="list-style-type: none">1. A void cheque (to accompany the <i>Direct-Deposit Authorization</i> forms),2. Copies of all medical reports and information about the illness or injury that led to your disability claim. These could include: specialist reports, X-rays, blood work, MRIs, operating room reports, occupational therapy and physiotherapy assessments and progress reports, etc.

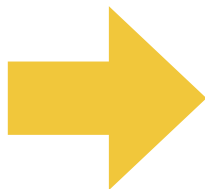
Important: Be sure to complete and provide all necessary paperwork. If any paperwork is missing, the claim process will be delayed.

Step 6

Expect a call from Canada Life

Johnson will then process the application and forward it to Canada Life for review.

Canada Life receives your LTD application.



Within 14 business days

Your Case Manager will review your file. They will call you to explain the review and decision process and the status of your claim. They will also let you know if any other documentation is needed to reach a decision.

Step 7

When a long-term disability claim is approved

If your long-term disability claim is approved, Canada Life will inform you of the decision by telephone and forward to you the following additional forms to complete and return for ongoing management of your claim:

- Reportable Income Form
- Income Declaration Form
- Subrogation and Right of Recovery – Report of
- Accident Questionnaire (if applicable)
- Third Party Liability Reimbursement Agreement and Direction (if applicable)

Depending on the circumstances, Canada Life may also require that you apply for disability benefits from the Canada Pension Plan. In this case, you would also receive the following forms to complete and return to Johnson Incorporated:

- Canada Pension Plan – Authorization to Communicate Information
- Canada Pension Plan – Option/Assignment Form
- Canada Pension Plan – Consent for Service Canada and Insurer to Communicate Disability Information
- Canada Pension Plan – Irrevocable Consent to Deduct and Pay an Insurer (complete the front side of this two-sided form)

Important: Canada Life reserves the right to request proof of the continuance of total disability, and to have you submit to an examination by its medical advisors when requested.

Confidentiality

Your medical information is confidential. Your employer will be informed about the status of your claim, but no medical information will be shared with the organization. Your medical status will remain confidential.

Begin receiving your benefits

If your claim is approved, your payments will be mailed directly to you from Canada Life or directly deposited to your bank account.

Throughout your claim, your Case Manager will contact you if any additional information is needed. You can also use this opportunity to discuss any concerns or plans for returning to work. For example, if your doctor feels you are able to return to either full-time or part-time work, or if some changes at your workplace mean you can return safely, you need to let your Case Manager know right away.

Your file will be sent to a Canada Life Rehabilitation Specialist to see if rehabilitation and return to work are possible. Sometimes, even though you cannot perform all the duties of your job, your employer may be able to make some adjustments to your duties that would allow you to return to work safely and earlier than expected. Please note that non-participation in an approved or recommended rehabilitation program that is considered beneficial to you will result in the termination of the LTD benefit.

If your claim is denied

If your claim is denied, you will receive a call and a letter from Canada Life explaining the reasons. You will also receive information on your rights to appeal. You may submit any additional medical information that was not originally reviewed by the Case Manager. Canada Life will then reevaluate your claim.

You have up to one year to appeal the decision on the grounds of medical evidence or non-medical evidence. An independent Appeal Board reviews all appeals.

For more information

For details on plan coverage, please go to PSGIP's benefits website at www.mybenefitplan.ca.

You can also reach the plan administrator at:

Johnson Incorporated

Charlottetown area: (902) 628-3537

Elsewhere: Toll free 1 800 371-9516

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(go to the "Members Only" for personal member information)