

# Long-Term Disability Claim Guide



Life's brighter under the sun



Long-Term Disability (LTD) coverage provides benefits to you when you are disabled. This guide is designed to help you through the claim submission process and to answer any initial questions you may have with respect to filing a claim for Long-Term Disability benefits. Because every situation is unique, we treat each absence individually, and we're here to help in any way we can.



# Reporting your absence

To apply for LTD benefits, you and your employer will need to send us a completed LTD form package. The package contains three forms:

- A Plan Sponsor's Statement, which your employer completes and faxes to us;
- A Plan Member's Statement (obtained from your plan sponsor), which you must complete and fax to us at the fax number shown on the form. If you are unable to fax this information, you can mail it to the closest Sun Life address on the form.
- An Attending Physician's Statement (obtained from your plan sponsor), which you take to your doctor to complete and fax to us. NOTE: Your doctor may charge you a fee to complete this form. If so, you will be responsible for paying that fee.

## 1. Complete the Plan Member's statement

This statement provides us with information about your condition, how it occurred, your general medical history, and your expected sources of income and benefits while you're on leave.

- Be sure to answer all the questions in full to avoid delays when we assess your absence, and include a detailed job description and resume with previous job experience and education history. (You can attach extra paper to the form if you need more space.)
- Be sure that all dates provided (date you were first unable to work, date of accident, etc.) are correct since they are essential to our assessment.
- Please provide the required document outlined in the *"Automatic deposit of your disability payments"* section if you would like to have your payments deposited into your bank account. For chequing accounts, we will require a personalized VOID cheque.
- Please read and sign the Declaration and Authorization which allows us to exchange information with your doctor and any other health care professionals who are involved in your care. Also, please sign Part 1 of the Attending Physician's Statement before giving the form to your physician to complete.

## 2. Have your physician complete the Attending Physician's Statement

This statement provides us with specific medical information about your condition and your expected recovery.

- Your doctor's Attending Physician's Statement must provide a diagnosis and prognosis for your condition. (This form can be completed by your family doctor, a doctor at a walk-in clinic, a specialist, etc – any medical professional who is a doctor of medicine and that has treated you for your condition.)
- If your doctor conducts tests, all of the findings must be included on or with the Statement.

- If you have seen a specialist for your condition, be sure to have your physician send us copies of all consultation and clinical notes with the Statement. (Often, we must follow up to request these documents which can delay the assessment of your absence.)

NOTE: Do not change or write anything on the Attending Physician's Statement. Any changes to the Statement must be initialed by your doctor.

## 3. Sending your LTD claim package

- Follow up with your doctor and employer to confirm they have completed, signed and faxed us their Statement forms. We cannot assess your claim until we receive all three forms from you, your employer and your doctor.
- We recommend you submit the completed claim forms at least eight weeks prior to the first payment date of your LTD. This provides us with sufficient time to review your claim and obtain any additional information we may require to complete our assessment for benefits.
- Faxing your forms, using our secured fax numbers, is the fastest way to get your forms to our office. It is also convenient as you do not need to mail information that you send in by fax, so you will have a copy for your records. If you are not sure which fax number to send your information to, please contact your Benefits Administrator.

Be sure your group Contract number and your Member ID number are clearly shown on your Plan Member's Statement and Attending Physician's Statement before faxing/ mailing. If you are unsure, please contact your Benefits Administrator who will be able to provide you with this information.



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## When we receive your claim

Our Abilities Case Manager will consider a number of different factors when assessing the information we receive about your claim. We look at the medical information, information about your ability to function and carry on daily living activities, your occupational demands, your work environment and how your illness would affect your ability to perform the demands of your occupation.

As part of this review, we will be contacting you to conduct a telephone interview to ask some further questions and this will also give you the opportunity to ask your own questions about your claim. We may also need to contact your doctor and/or your employer by phone to ask some further questions or obtain any missing information.

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## We'll let you know

The claims assessment process usually takes about 10 business days after we receive all the necessary information. If we determine that your claim is approved according to your employer's LTD plan, we will notify you and your employer in writing that we have approved your claim. Likewise, if we find that your claim is not approved, we will notify you in writing and provide the reasons for our decision.

For some claims, we may determine that we don't have enough information to make a proper decision. In such a case, we try to get the additional information we need as effectively and efficiently as possible. This might involve an independent medical exam or a separate evaluation of your functional abilities. We will let you know as soon as we determine that more information is needed.

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## Your information is confidential

We treat the information you provide for your LTD claim as confidential. We will use the information for the initial and ongoing assessment of your claim. It will not be disclosed to other parties, including your employer, without your written consent.



## FAQs

We want you to feel comfortable with the Long-Term Disability claims process. This Frequently Asked Questions guide is designed to help you understand more about the process, from claims submission through to your recovery. This guide is not intended to replace or amend your employee benefits booklet, the terms of which shall prevail over this guide.

### What are my Contract, Division and Member ID numbers?

The Plan Member's Statement asks for your Contract number, Member ID and Division/Billing number. The Contract and Division numbers are specific for your plan sponsor/employer's coverage with Sun Life Financial. The Member ID number is the number used to identify you specifically. These numbers can be found on your coverage or enrolment summary or in your employee benefits booklet.

### What does plan sponsor mean?

The term 'plan sponsor' is another name for your employer, the policy holder or the contract holder for your plan.

### Why should my doctor fill out all the information on my form?

To expedite your claim, it is very important to have all of the information requested. If your doctor provides only part of the information, or a brief note on a doctor's prescription pad, we may not have all of the information needed to assess your request for benefits, or extension of benefits. This will potentially delay a decision on your claim.

### What does Waiver of Premium mean?

Some Group Disability plans provide for coverage that waives the premiums required for certain benefits while you are entitled to Disability benefits under the plan. This means that for the period you are considered totally disabled under the plan, you or your employer will not need to pay the premiums for the coverage of these benefits. Your Benefits Administrator would be able to confirm if your plan has Waiver of Premium coverage. If your plan does contain this coverage, and you are submitting a claim for Long-Term Disability benefits, a claim would automatically be made for any Waiver of Premium benefits that you may be eligible for. You will be advised of the status of your entitlement to the Waiver of Premium benefit along with the status of your LTD claim.

### How are my benefits calculated?

Disability benefit payments are usually based on a specific percentage of your monthly earnings at the time you become disabled. The benefit amount under your plan is specified in your employee benefits booklet.

### If my claim is approved, when do my payments start?

Your benefit payments will be paid from the date the elimination period is completed. If this date is in the past, then payment will be made for the retroactive amount owing.

### How and when are payments made once the claim is approved?

LTD benefits are paid on a monthly basis. You can be paid by cheque or have your benefits deposited directly into your bank account. Having your benefits deposited directly into your bank account helps avoid delays with mailing. The Plan Member's Statement form includes information on what is required in order for payment to be made through a direct deposit. Don't forget to review this section and provide the required documentation. For chequing accounts, we will require a personalized VOID cheque.

NOTE: There may be a delay in payment if a scheduled payment falls on a holiday. Your first payment may be sent to your plan sponsor if they have requested this.

### How long will I receive disability payments?

For LTD, you will continue to receive disability payments as long as you meet the definition of total disability as defined in your employee benefits booklet and satisfy other obligations (such as pursuing appropriate treatment) as also described in your benefits booklet. Generally speaking, we consider whether you are 'totally disabled' from your own occupation for a defined period of time following the elimination period. After this period of time, we then consider whether you are 'totally disabled' from any occupation. In the event that you remain continuously and

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totally disabled, benefits do not continue indefinitely. Your benefits booklet will refer to other critical dates relating to when your benefits terminate, including the date on which you reach age 65, retire, or die, whichever occurs first.

Please consult your employee benefits booklet for the specific details of your plan.

### Why do I need to provide proof of my age?

If not submitted with your original application for LTD benefits, we will request proof of your age as part of the ongoing management of your disability absence. As many plans only provide LTD benefits until age 65, it is important that we confirm the date that this will occur.

### What are my responsibilities while I receive disability benefits?

While you are on claim, we will talk to you about returning to work, at the appropriate time. We expect that you will participate in these discussions, and return to your own occupation as soon as it is safe and healthy for you to do so. If it becomes apparent that you will not be able to return to your own occupation, you will be expected to consider any reasonable offer of modified work with your employer and/or participate in any training required to qualify for an alternate occupation.

### Once I've been approved for benefits, how often is medical information requested?

A clear understanding of the progress of your recovery is considered essential in preparing for a potential return to work. Periodic updates on your medical condition and functional status help us determine your progress. The frequency of status reports will be determined by the unique circumstances of your claim, your medical condition and treatment plan. We will follow up with you and your treating physician(s) by telephone or mail.

The Abilities Case Manager will work with your doctor and/or our Health Partners to ensure you are receiving appropriate treatment. In some cases, we may require that you undergo an independent medical exam to get more information. We will arrange the appointment and give you adequate advance notice. (We will provide a copy of the results to your treating physician.)

### When would benefits not be paid?

Benefits may not be paid if you:

- are not receiving appropriate treatment as recommended by your treating physician
- are not participating in a Sun Life-approved rehabilitation program
- are on leave of absence, strike or lay-off, except where Sun Life specifically agreed to the continuation of coverage or may be required to by law
- are absent from Canada due to any reason, unless you have received written agreement from our Abilities Case Manager in advance to pay benefits during this period
- complete any work for wage or profit except as approved by us
- serve a prison sentence or are confined in a similar institution

Please consult your employee benefits booklet for the specific details of your plan.

### What if I receive income from another source? How will that impact my benefit?

Your employer's LTD plan may indicate that your disability benefits are reduced by payments received from other sources, such as CPP/QPP and Worker's Compensation for the same or subsequent disability. Your benefit payment will not be reduced by income you receive from an individual disability plan.

A retroactive award from another source may reduce your disability benefit and may result in an overpayment. If this situation occurs, you are expected to reimburse Sun Life the amount overpaid.

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### Does Sun Life share medical information with my employer?

No. All medical information obtained by Sun Life concerning your health event is strictly confidential and not shared with your employer.

We will only advise your employer about limitations or restrictions that will affect your ability to perform your occupation, a modified occupation or another occupation with your employer (as outlined in the Authorization you signed on your Plan Member Statement).

### What if I return to work with some restrictions?

The Abilities Case Manager and your employer will work with you to develop a return-to-work plan that accommodates your abilities and restrictions. Your return-to-work plan could include, for example, graduated return to work and/or a return to modified or part-time duties to help you adjust. Should your return to work require specific vocational expertise, we will involve one of our Health Management Consultants to assist with coordinating your return to the workplace. We will contact your doctor to ensure he or she is aware of the plan before it begins.

Once you're back to work full-time without restrictions, Sun Life is usually no longer involved.

### Will I receive a tax slip?

A tax slip will be issued if the disability benefit payments you receive are taxable income. Tax slips are mailed by the end of February every year, for the previous tax year. If you are unsure if the disability benefits payments you receive are taxable income, please contact your Benefits Administrator.

## About Sun Life Financial

A market leader in group benefits, Sun Life Financial serves more than five million people in over 10,000 corporate, association, affinity and creditor groups across Canada. Our core values — integrity, service excellence, customer focus and building value — are at the heart of who we are and how we do business. Our extensive products, services and technology enable us to tailor group benefit programs to meet virtually any customer's needs competitively and cost-effectively.

Sun Life Financial and its partners have operations in key markets worldwide including Canada, the United States, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

[www.sunlife.ca](http://www.sunlife.ca)

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