How we process your Disability Insurance Claim

Step 1: Claim is received by Sun Life

Sun Life receives the following fully completed forms:

- a) Employee's Statement (490L-M-12500-E)
- b) Employer's Statement (Compensation Advisor) (4811-E)
- c) Employer's Statement (Immediate Supervisor or Manager) (4841-E)
- d) Attending Physician's Ouestionnaire

Incomplete information

If Sun Life can't make a decision on your claim due to missing information, we'll notify you by phone and in writing and will send a copy of the letter to your department.

Step 2: Claim is reviewed

Within **10 business days** after your claim forms have been received, Sun Life will assess your claim to determine if you are eligible for disability benefits.



Claim is approved, **GO TO STEP 3.**



Claim is denied, GO TO STEP 2A.

Step 2A: Claim is denied

If your claim is denied, you will be advised by phone and in writing and will be provided with details regarding the information needed to appeal the decision.

Step 3: Claim is approved

Sun Life will send you a letter providing the start date of your benefits, the benefit amount and any associated calculations

For more information, see "How and when are payments made once the claim is approved?" in the FAQ section in the Claim Guide.

Step 2B: The appeal process

To reconsider our decision about your claim, you need to let us know within 30 days if you want to appeal it. We have an appeal team at Sun Life dedicated specifically to reviewing disability appeals. This team includes disability claims consultants (DCCs) and an appeal committee.

How it works

You complete and send us the appeal form (included with our decision letter). We'll let you know when we receive your appeal. A DCC will review your appeal and any other information you provide. We'll call you to review your claim with you.

The appeal process may not change our decision. If the DCC doesn't change the decision on your claim, our appeal committee, which includes senior members of our disability team, will do one final review. When this review is complete, we'll let you know the final decision.

For more information, see the "What if my claim is denied?" section in the FAQ section in the Claim Guide.



Claim is approved, **GO TO STEP 3.**

Step 4: Vocational rehabilitation

Vocational rehabilitation provides you with everything you need for an early and safe return to work. It takes into consideration both your abilities and your restrictions.

For more information, see "What is Vocational Rehabilitation?" in the FAQ section in the Claim Guide.

Your information is confidential

Sun Life is committed to respecting your privacy and protecting your personal information. The information you provide for your Disability Insurance (DI) claim is highly protected and treated with sensitivity.

Your personal and medical information will not be disclosed to other parties, such as your employer, without your written consent.

* Where there is a discrepancy between this Guide and the Disability Insurance (DI) Plan Document, the terms of the plan will prevail.

For more information, call our toll-free number: 1-800-361-5875 or FAX our toll-free number: 1-866-639-7849. www.sunlife.ca/DI



