How to use *resolution status* information to manage absences

The information in this guide is designed to help you manage absences at your organization. It provides detailed resolution status definitions for Short-Term Disability (STD), Long-Term Disability (LTD) and Salary Continuance benefits.

What is Resolution status?
The Resolution status in the Group Benefits Absence and Disability online services tool provides you with additional information on the resolution – or end – of the claim.

How does Resolution status differ from Claim Status?
Claim status represents the status of the entitlement decision as of the current date: Pending, active, declined, resolved and litigated are valid statuses for STD and LTD. Valid statuses for salary continuance are *supported* and *not supported*.

Claim status (as it appears on the **Claim results** or **Absence results** page)	**Corresponding resolution status provides information on…**
Active or *supported* claims	Anticipated resolution information, including a specific status and target date range. As we approach the target date range, it will change to a specific date to facilitate your planning. This date represents the first day that the plan member is no longer case managed, eligible for benefit, and/or paid under their Sun Life benefits.
Resolved, *Declined*, or *Not Supported* claims	How and when the claim was resolved
Pended claims	Current stage of the initial claim entitlement decision

Resolution status definitions for Short-Term Disability benefits

Contractual / Medical (used with declined claim status)
Based on the information submitted and our assessment of the claim, the plan member's absence does not meet the contractual requirements and therefore, he/she is not entitled to benefits. If the plan member does not agree with our decision and remains totally disabled, he or she can submit an appeal.

If the plan member does not intend to appeal, please address his or her absence according to your employment policy.

Death (used with resolved claim status)
Sun Life Financial has received confirmation that the plan member has passed away and benefits have been extended in line with the date found on his or her death certificate.

Expected recovery (used with active or resolved claim status)
Based on the medical information received and taking into consideration the plan member's capabilities as they relate to his or her duties at work, the evidence supports the plan member's current absence from work however, recovery is expected by the resolution date provided. As the plan member's recovery is ongoing, it is possible that complications may arise in his or her recovery. In that instance, the plan member will need to provide additional medical information for consideration of further benefits.

Information requested (used with active or pended claim status)
The plan member is not expected back at work at this time. The member continues to receive treatment with continued medical assessments regarding his or her progress.

We have requested an update from the member's physician(s) and this update is required before return to work planning can begin.

Max benefit period (used with active or resolved claim status)
Due to the nature of the plan member's condition and/or complications in his or her recovery, the plan member's functional limitations - as they relate to duties at work - will remain in place for a prolonged period of time.

We expect the plan member to be off work for the entire STD period and will advise the member about the transition to LTD. The plan member will need to complete and return an authorization for their LTD benefit four to eight weeks prior to the end of the STD period. In order to facilitate continuous case management and payment of benefits, please ensure that:

- the plan member understands the transition to LTD; and
- you have submitted a Plan Sponsor LTD transition form four to eight weeks prior to the end of the STD period.

Not proceeded with (used with declined claim status)
The plan member has not provided us with the full application for benefits and/or he or she has advised us that they will not pursue the claim. If the plan member is not at work for medical reasons, he or she should be encouraged to submit the Plan Member Statement and Attending Physician Statement for review.

If the plan member does not intend to apply for benefits, please address his or her absence according to your employment policy.

Retired (used with active or resolved claim status)
Benefits are no longer payable beyond the resolution date because the plan member has elected to retire.

Under Review (used with Pending Claim Status)
We have received the full claim package and it has been assigned to an abilities case manager. Our normal initial assessment period – or service standard – is five business days for STD and Salary Continuance and 10 days for LTD.

Work ready (used with active or resolved claim status)
We are expecting the plan member to return to work full time on the resolution date provided. As the return to work date approaches, you should prepare for a smooth return to work by:

- Contacting the plan member to confirm job expectations upon their return to work (e.g. assignment, shifts, etc.); and
- Ensuring the plan member has the tools required to begin work on the day of their return (e.g. equipment is available, access is reactivated, phone and desktop is set up, etc.)

If the plan member does not return to work, please contact him or her and identify the reason for their continued absence. If it is for medical reasons, please advise the plan member that he or she must contact their Sun Life case manager for consideration of further benefits.

Work ready-no longer disabled (used with resolved claim status)
Based on the medical information received and taking into consideration the plan member's capabilities as they relate to his or her duties at work, the evidence does not support an absence from work beyond the resolution date. If the plan member does not agree with our decision, he or she can submit an appeal by providing **new and not previously reviewed** information for consideration of further benefits.

If the plan member does not intend to appeal, please address his or her absence according to your employment policy.

WSIB/WCB/CSST (used with resolved claim status)
There is no benefit payable for this claim because the Workers' Compensation Board (WCB) benefit is applicable and has been approved. Please contact the WCB to coordinate return to work plans where applicable. The plan member should submit a claim to Sun Life if the WCB benefit ceases and he or she remains totally disabled.

Resolution status definitions for Salary Continuance benefits

The definitions for the Salary Continuance benefit are the same as the STD benefit, with one difference as outlined below.

Medical (used with not supported claim status)
Based on the medical information received and taking into consideration the plan member's capabilities as they relate to their duties at work, the evidence does not support absence from work beyond the resolution date.

If the plan member does not agree with our decision and maintains that he or she is totally disabled, the plan member can submit an appeal by providing **new and not previously reviewed** information for consideration of further benefits.

If the plan member does not intend to appeal, please address his or her absence according to your employment policy.

Resolution status definitions for Long-Term Disability benefits

The definitions for the LTD benefit are the same as the STD benefit with the following additions or differences.

Awaiting appointment of trustee (used with active claim status)
The plan member is medically incapable of managing his or her financial affairs and further benefits cannot be released until a trustee is appointed.

Benefit expiry (used with active or resolved claim status)
Benefits are no longer payable because the plan member has reached the maximum age he or she is eligible to receive benefits under the disability plan. Benefits end on the resolution date.

Change of definition (used with active or resolved claim status)
Based on our assessment of the plan member's functional capabilities, training, education and experience, we have concluded that the plan member cannot be considered totally disabled from performing the essential duties of ***any occupation***. Therefore, benefits are not payable beyond the resolution date.

If the plan member does not agree with our decision, he or she can submit an appeal by providing **new and not previously reviewed** information for consideration of further benefits.

If the plan member does not intend to appeal, please address his or her absence according to your employment policy.

Claim transfer (used with resolved claim status)
Benefits are still payable but the current claim must be closed and transferred to another policy due to a new funding set-up. You should be made aware of the new control number.

Incomplete claim package (used with pended claim status)
We have not received the full disability claim package. If the plan member is not at work for medical reasons, he or she should be reminded to submit the Plan Member Statement and Attending Physician Statement for review. Please ensure that the Plan Sponsor LTD form has been submitted.

Ineligible coverage (used with declined claim status)
Based on the information submitted and our assessment of the claim, the plan member is not covered for disability benefits. Please address his or her absence according to your employment policy.

Litigated settlement (used with resolved claim status)
The claim has been resolved through litigation.

Non-litigated settlement (used with resolved claim status)
A settlement opportunity was identified and mutually agreed upon. This resulted in a non-litigated settlement and closure of the claim on the resolution date.

Not proceeding further / not proceeded further (used with declined, active or resolved claim status)
The plan member has advised us that he or she will not pursue the claim further.

If the plan member does not intend to return to work, please address his or her absence according to your employment policy.

Offsets exceed benefits (used with resolved claim status)
Under the terms of the disability plan, the plan member's benefit is reduced by other sources of income such as the Canada Pension Plan (CPP)/Quebec Pension Plan (QPP) and/or pension plan benefits. The other sources of income for this plan member are in excess of his or her disability benefit and therefore, benefits are not payable beyond the resolution date.

Permanent (used with active claim status)
Based on the plan member's functional capabilities and his or her training, education and experience, the evidence supports that the plan member is totally disabled from performing any occupation. We do not expect his or her functional capabilities to improve, nor do we believe that additional vocational assistance will result in a successful return to the workforce. We asked the plan member to apply for other benefits he or she may be entitled to receive (e.g. CPP/QPP, disability pension), if he or she has not yet applied. We anticipate this claim will end with the expiry of the benefit.

Plan sponsor directed (used with active claim status)
This claim is currently managed under the direction of the plan sponsor.

Pre-existing condition (used with declined claim status)
Based on the information received and our assessment of the claim, we have determined that the condition for which the plan member is claiming benefits existed prior to the start of his or her coverage and is excluded under the terms of the pre-existing provision of the plan. This means that he or she is not covered for disability benefits. Please address the plan member's absence according to your employment policy.

Work ready planning alternate employer (used with active, resolved claim status)
We are expecting the plan member to return to work full time to an alternate employer. You will see resolution date ranges indicating the approximate timing of the return to work. Please contact the plan member to discuss his or her employment plans and to resolve your employment contract with the plan member.