Sun Life

EMPLOYEE CLAIM GUIDE

The Disability Insurance Plan for the Federal Public Service

The Disability Insurance (DI) Plan is available to employees of the federal public service who are represented by bargaining agents. The plan, administered by the Sun Life Assurance Company of Canada (Sun Life), provides benefits to eligible employees who become totally disabled as a result of an illness or injury.

This guide is designed to help you complete the claim submission process and answer any questions you might have about filling out a claim for DI benefits.

If you have any questions about your Disability Insurance (DI) Plan, you may contact your departmental Human Resources and/or your bargaining unit representative.

For more information, please visit: www.sunlife.ca/DI and www.canada.ca/pension-benefits.

When we receive your claim, Sun Life's Disability Case Manager (DCM) will consider the following factors when assessing your claim:

- medical information;
- ability to function and carry on daily activities;
- job requirements;
- work environment; and
- how your condition affects your ability to perform your occupation.

The DCM will contact you by telephone, and may also contact your physician/medical provider and/or your employer for more information. When the DCM gets in touch with you, you will have the opportunity to ask questions about your claim.

We'll let you know. The claims assessment process usually takes 10 business days after we receive all the necessary information. After a decision has been made, the DCM will notify you and your department by phone and in writing.

Sometimes, not all available information is submitted with a claim. When additional information is required for our assessment of your claim, the DCM will let you know what is needed as soon as possible. In order to prevent delays, it is important that you submit all medical information available with your initial claim submission.

Note: You will be responsible for any expenses incurred while obtaining medical information for your claim.

We treat the information you provide to us as confidential. We only collect, use, and disclose information about you as outlined in the authorization you have signed on your Employee's Statement, or as permitted or required by law.

How to submit a Disability Insurance claim

Reporting your absence

You are responsible for reporting an ongoing absence to your manager. If you become disabled and your disability is expected to be prolonged beyond the **13-week elimination period** or the exhaustion of your sick leave, whichever comes later, you should notify your manager who will take care of the next steps with the compensation advisor or Pay Centre.

Forms

The Disability Insurance (DI) package contains four forms. Each party must complete and fax their form to Sun Life at 1-866-639-7849. The form can also be mailed to the Sun Life address on the statement.

The following forms must be completed:

- Employee's Statement completed by you and submitted along with all the required documents (490L-M-12500-E)
- Initial Disability Insurance Medical Statement completed by your physician/medical provider
- Employer's Statement completed by your Immediate Supervisor or Manager (4841-E)
- Employer's Statement completed by a Compensation Advisor (4811-E)

Note: Your physician/medical provider may charge a fee for completing the Initial Disability Insurance Medical Statement. If that is the case, you will be responsible for paying the fee.

1 Complete the Employee's Statement

(490L-M-12500-E)

This statement provides Sun Life with information about your condition, your general medical history, your expected sources of income and benefits while on sick leave, as well as your expected return to work date.

- Ensure you answer all questions fully. This will prevent delays when Sun Life assesses your claim. Also include a detailed job description and resume that touch upon your previous job experience and education history. You may attach an extra sheet of paper if you need more space.
- Ensure all dates provided (i.e. date you were first unable to work, date of accident, etc.) are accurate. These are essential to Sun Life's assessment.
- Ensure your Certificate Number (beginning with the letters CG) is clearly indicated on both your Employee's Statement and the Initial Disability Insurance Medical Statement. To find your Certificate Number, contact the Pay Centre or your departmental compensation services. To determine if your department is served by the Pay Centre, consult the list of **Departments and agencies served by the Pay Centre**.
- Don't forget to complete the Automatic deposit of your disability payments section.
- If Sun Life approves your claim, your payments will be deposited directly into your bank account. For chequing accounts, a personalized VOID cheque will be required.
- Please read and sign the Declaration and Authorization portion of the form. This form allows Sun Life to disclose and exchange information with your physician/medical provider and any other health care professionals involved in your return to work.
- Submit your completed statement to Sun Life. Once your Employee's Statement is completed, follow the instructions at the bottom of the form.

2 Ask your physician/medical provider to complete the Initial Disability Insurance Medical Statement

This statement provides Sun Life with specific medical information about your condition and your expected recovery date.

- A physician/medical provider that has treated you for your condition can fill out the form.
- Sign Section 1 of the Initial Disability Insurance Medical Statement prior to giving the form to your physician/medical provider to complete. Do not write anything in Section 2 of the form; your physician/medical provider needs to complete that section.
- The Initial Disability Insurance Medical Statement must show a clear treatment plan and prognosis for your condition.
- Either you or your physician/medical provider can submit the completed form to Sun Life. Instructions can be found at the bottom of the form.
- If your physician/medical provider conducts tests, all findings must be included along with the Statement.
- If you have seen a specialist for your condition, remind your physician/medical provider to send copies of **all** consultation and clinical notes when submitting their Statement. If Sun Life must follow up to request these documents, this can delay the assessment of your claim.

Note: Do not change or write anything on the Initial Disability Insurance Medical Statement . All changes to the Statement must be initialed by your physician/medical provider.

3 Have your supervisor/manager complete the Employer's Statement (4841-E) and contact the Pay Centre

- The Employer's Statement, to be completed by your Immediate Supervisor or Manager, must include exact information, such as your last day of work, PRI, position, job description, etc.
- **If your department is served by the Pay Centre** your supervisor/manager must submit a copy of their completed Employer's Statement, along with a Pay Action Request (PAR), by email to the Pay Centre. They must **also** fax or mail a copy of their Employer's Statement directly to Sun Life. Instructions for supervisors/managers on how to complete the Employer's Statement (4841-E) are available in the Managers' DI toolkit available at **sunlife.ca/DI**.
- The Pay Centre will then complete the Employer's Statement (for Compensation Advisors 4811-E) and send both Employer's Statements to Sun Life.
- **If your department is not served by the Pay Centre,** your supervisor/manager must submit a copy of the completed Employer's Statement (4841-E) to your departmental compensation services.
- Your departmental compensation services will then complete the Employer's Statement (for Compensation Advisors 4811-E) and send both Employer's Statements to Sun Life.
- To determine if your department is served by the Pay Centre, consult the list of **Departments and agencies served by the Pay Centre**.

4 Ensure your Disability Insurance claim package has been completed and sent

Your claim cannot be assessed until all four forms have been received from you, your supervisor/manager, your compensation advisor and your physician/medical provider.

- Follow up with your physician/medical provider and supervisor/manager to confirm they have completed, signed and sent their forms to Sun Life. Also, ask your manager if they have sent their form to the Pay Centre or departmental compensation services.
- It is recommended that you submit the completed claim forms to Sun Life at least **60 days** prior to the end of your elimination period. This provides Sun Life with sufficient time to review your claim and obtain any additional information required to complete your benefits assessment.
- Sun Life must receive your completed forms **no later than 90 days** after the end of the elimination period – or the exhaustion of your sick leave, whichever comes later. If you do not abide by this deadline, you may not be entitled to some, or all benefit payment, where the delay interferes with Sun Life's ability to assess your claim.
- Sending the forms to Sun Life's secured fax number (1-866-639-7849) is quick and convenient. It is not necessary to mail the information sent in by fax.
- Ensure your Certificate Number (beginning with the letters CG) is clearly indicated on both your Employee's Statement (490L-M-12500-E) and the Initial Disability Insurance Medical Statement.

How your Disability Insurance Claim is processed

The following is a quick summary of the claims process for your Disability Insurance Plan.

Step 1 Claim is received by Sun Life

Sun Life receives the following fully completed forms:

a) Employee's Statement (490L-M-12500)
b) Initial Disability Insurance Medical Statement
c) Employer's Statement (Immediate Supervisor or Manager) (4841-E)
d) Employer's Statement (Compensation Advisor) (4811-E)

Incomplete information

If Sun Life can't make a decision on your claim due to missing information, we'll notify you 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 Sun Life declines your claim, you will be advised of the reason for the decision, by phone and in writing and will be provided with details regarding the information needed to appeal the decision.

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.

If the claim is approved, **GO TO STEP 3.**

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 and deductions.

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

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 medically-supported restrictions.

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

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 strict confidentiality.

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.

FAQ

What are DI Benefits?

The Federal Public Service's DI Plan is designed to replace a portion of your income if you become totally disabled for a prolonged period.

If you are totally disabled and qualify for benefits under the DI Plan, you must complete a claim form and provide medical information to assess your claim, your rehabilitation, and your recovery needs.

What does totally disabled mean?

The first 24 months

Totally disabled means that you have an illness or injury that prevents you from performing each and every duty of your regular occupation.

After 24 months

Totally disabled means that your illness or injury prevents you from performing the duties of a commensurate occupation.

A commensurate occupation is a profession for which you are either qualified, or could become qualified through education, training or experience – and that would allow you to earn at least 66.67% of the current salary of your pre-disability occupation.

How are my DI Benefits calculated?

Your benefits:

- are equal to 70% of your insured monthly salary;
- are taxable;
- are indexed to a maximum of 3% per year to reflect cost of living changes;
- may be offset by other income.

How and when are payments made?

Benefits are payable after the elimination period (after 13 weeks of total disability) – or after your paid sick leave ends, whichever comes later.

Benefits are paid on a monthly basis. You will receive your first benefit payment at the end of the last month of your elimination period.

NOTE: It is your responsibility to advise Sun Life if you receive benefits or income from other sources, including any retroactive adjustment(s) or award(s) (e.g. PSSA pension, CPP/QPP disability benefits). A retroactive payment could result in an overpayment of Sun Life benefits. If this occurs, you are responsible for reimbursing Sun Life the full amount you have been overpaid.

What is Vocational Rehabilitation?

Work is an important part of recovery. Vocational rehabilitation is focused on providing you with everything you need to recover, by taking into account your abilities and obstacles. This helps set you up for an early and safe return to work.

Your return-to-work plan could include, for example, a gradual return to work, or a return to modified duties that will help you adjust. Should your return-to-work require specific vocational expertise, a rehabilitation consultant (RC) will assist with coordinating your return to the workplace. In partnership with the DCM, the RC will work with you, your employer, and your health care providers, to create your customized return-to-work plan. The earlier a plan is incorporated into your overall recovery and treatment programs, the greater the chance of success in your return to work. To achieve this goal, the RC may provide you with a variety of career and vocational rehabilitation services.

What if my claim is denied?

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

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.

Disability Insurance Plan Board of Management

Once the appeal within Sun Life has been exhausted, you may request an independent review by the DI Plan Board of Management. The board is comprised of employer and federal public service union representatives who will review Sun Life's decision.

This Board reviews appeals on a case-by-case basis and recommends a course of action to Sun Life, or the employee, that may lead to a resolution. Through this process, the Board has been able to bring many cases to a final resolution.

All requests for independent review should be sent to:

The Secretary DI Plan Board of Management

National Joint Council
240 Sparks Street
Ottawa, ON K1A 0X8

Sun Life's Client Advocacy team

If at any time during the claim management process you feel you have been dealt with unfairly, or you have a complaint about a service provided by Sun Life, you may contact Sun Life's Client Advocacy team.

Please note that the Client Advocacy team cannot evaluate medical evidence or make decisions. It is responsible for investigating complaints objectively and acting as a mediator, by exploring different possibilities that may lead to a resolution.

Client Advocacy - Contact Information

Use our digital form available at **www.sunlife.ca/en/support/how-to-make-a-complaint/contact-us/**

Write to: **Client Advocacy, Sun Life**
1155 Metcalfe Street
Montreal, QC H3B 2V6
Delivery code: 602E15

To contact Sun Life

Call 1-800-361-5875

Group Benefits are provided by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies. D9499 06-26 lj-na

Sun Life