Sun Life Financial

The Disability Insurance Plan for the Federal Public Service

Employee Claim Guide

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 doctor 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.

Your information is confidential. 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 also 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)
- Attending Physician's Questionnaire completed by your doctor (490L-P-12500-E)
- Employer's Statement completed by your Immediate Supervisor or Manager (4841-E)
- Employer's Statement completed by a Compensation Advisor (4811-E)

Note: Your doctor may charge a fee for completing the Attending Physician's Questionnaire. 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 Attending Physician's Questionnaire. 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 your claim is approved, 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 exchange information with your doctor and any other health care professionals involved in your return to work.
- Submit your completed statement so Sun Life. Once your employee statement is completed, follow the instructions at the bottom of the form.

2. Ask your physician to complete the Attending Physician's Questionnaire (490L-P-12500-GEN-E, 490L-P-12500-MHC-E, or 490L-P12500-MSK-E)

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

- Choose the Attending Physician's Questionnaire that best describes your medical condition and provide it to your doctor to complete. If you are unsure of which questionnaire to use, take all three to your doctor who can choose the most appropriate. This Questionnaire provides us with specific medical information to assess your condition and your expected recovery. Please note that only one completed Questionnaire is required.

- The form can be filled out by your family doctor, a doctor at a walk-in clinic, a specialist – or a medical doctor that has treated you for your condition.
- Sign Part 1 of the Attending Physician's Questionnaire prior to giving the form to your physician to complete. Do not write anything in Part 2 of the form, that part is to be completed by your physician.
- The Attending Physician's Questionnaire must show a clear treatment plan and prognosis for your condition.
- Either you or your doctor can submit the completed form to Sun Life. Instructions can be found at the bottom of the form.
- If your doctor conducts tests, all findings must be included along with the Questionnaire.
- If you have seen a specialist for your condition, remind your Attending Physician to send copies of **all** consultation and clinical notes when submitting their Questionnaire. 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 Attending Physician's Questionnaire. All changes to the Questionnaire must be initialed by your doctor.

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) is 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 Employers 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 attending physician.

- Follow up with your doctor 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, and 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 Attending Physician's Questionnaire (490L-P-12500-GEN-E, 490L-P-12500-MHC-E or 490L-P12500-MSK-E)

How your Disability Insurance Claim is processed

The following flowchart offers 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) Attending Physician's Questionnaire (490L-P-12500-GEN-E, 490L-P-12500-MHC-E or 490L-P12500-MSK-E)
c) Employer's Statement (Immediate Supervisor or Manager)(4841-E)
d) Employer's Statement (Compensation Advisor) (4811-E)

Incomplete information

If a decision cannot be made on your claim due to missing information, Sun Life will 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 declined, 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

1st appeal – The DCM will review any new information that you provide and re-evaluate the decision. If the decision does not change, your claim will be forwarded to the disability appeals team. They will review the file, re-evaluate the decision and issue a letter explaining the decision, which will either be to maintain or overturn the decline. If the decision is maintained, the letter will indicate the information needed to file an appeal to the second level.

2nd appeal – The disability appeals team will review any new information that you provide and re-evaluate the decision. If the decision does not change, your claim will be reviewed at the final appeal level, following which the appeals team will issue a letter explaining the final decision, which will either be to maintain or overturn the decline. If your claim remains declined, this completes Sun Life's internal process.

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.

FAQs

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 Health Management Consultant (HMC) will assist with coordinating your return to the workplace. In partnership with the DCM, the HMC 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 HMC 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.

There are two opportunities to appeal the decision for your Sun Life claim.

1st appeal – The DCM will review any new information that you provide and re-evaluate the decision. If the decision does not change, your claim will be forwarded to the disability appeals team. They will review the file, re-evaluate the decision and issue a letter explaining the decision, which will either be to maintain or overturn the decline. If the decision is maintained, the letter will indicate the information needed to file an appeal to the second level.

2nd appeal – The disability appeals team will review any new information that you provide and re-evaluate the decision. If the decision does not change, your claim will be reviewed at the final appeal level, following which the appeals team will issue a letter explaining the final decision, which will either be to maintain or overturn the decline. If your claim remains declined, this completes Sun Life's internal process.

Disability Insurance Plan Board of Management

Once the two levels of appeal within Sun Life have 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
C.D. Howe Building, West Tower
7th Floor, 240 Sparks Street
P.O. Box 1525, Station B
Ottawa ON K1P 5V2

Sun Life Ombudsman's Office

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 the Sun Life Ombudsman's Office.

Please note that the Ombudsman Office 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.

All requests for the Ombudsman's office should be sent to:

Ombudsman's Office, Sun Life
227 King Street South
Waterloo ON N2J 1R2
Phone: 416-408-8954
Toll-free: 1-800-786-5433
FAX: 416-595-1431
E-mail: ombudsman@sunlife.com

To contact Sun Life
Toll-free number: 1-800-361-5875
Toll-free fax number: 1-866-639-7849

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.

Life's brighter under the sun

This Group Benefit is provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies. PDF7797-3-E 02-19 nt-ny