How your Disability Insurance Claim is processed

Step

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 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.



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.

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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 FAO section in the Claim Guide.



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 in the Claim Guide.

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

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



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