

# Chambers Plan LTD Claim Guide for Employees

Any absence from work on a long term basis as a result of illness or accident can be a stressful period, particularly if your income is affected. We have prepared this summary to help you better understand the steps involved in making a disability claim, and what happens after you submit the claim.

## How do I qualify for LTD benefits?

You are considered to be *totally disabled* if you are unable, as a result of illness or injury, to perform either:

- a) the whole duties of your regular occupation, or
- b) any occupation for which you are or may reasonably become qualified based on your training, education and/or experience.

Your *definition of disability* can be found in your employee booklet. No benefits are payable for partial disabilities.

All Chambers Plan policies include a *Pre-Existing Condition* provision. This means benefits are not payable for any disability which begins within the employee's first 12 months of coverage if that disability is due, directly or indirectly, to a pre-existing condition. That is, any condition for which you were treated or attended by a physician or were prescribed drugs that were taken during the three month period immediately prior to your effective date of coverage.

### **Direct Deposit Tip:**

*Desjardins Insurance requires a void cheque or Direct Deposit Form to issue disability benefit payments via Direct Deposit. Please include this with your claim submission to prevent delays.*

## When should I apply for LTD benefits?

Under the Chambers Plan, benefits begin from the 121st day of disability, but do not wait until the end of the elimination/waiting period before filing a claim. If your disability will prevent you from returning to work, we suggest you forward completed claim forms approximately 90 days into the disability. This provides the insurance company sufficient time to review your claim and obtain any additional information required to complete the assessment.

**Claims received more than 180 days after the onset of the disability may be declined due to late submission.**

### **Tips for Completing the Claimant's Statement**

- Please ensure you provide your Firm and Certificate number.
- Complete the questions in full. Feel free to attach extra paper to the claim, if necessary.
- Ensure you sign and date the Declaration and Authorization section.
- You are required to complete the Application for Funds Transfer section, and provide a voided cheque, to allow the insurance company to direct deposit your payments.
- If a portion of the Statement does not apply to you, please write "N/A" so we know that you did not miss completing this section.

## How do I begin?

There are three forms that must be completed as part of your claim:

- **Claimant's Statement.** This provides the insurance company with information about you, your condition, a brief medical history, and any other insurance coverage you may have.
- **Employer's Statement.** This is completed by your employer. It provides information about your employment, pay, and a description of the work you do.
- **Physician's/Specialist's Statement** which is completed by your physician. It provides information about your condition, treatment, and prognosis for returning to work.

If you are the owner of your organization, your kit will combine the *Employer's* and *Claimant's Statements* to simplify the completion of the forms.

## Completing the Statements

We want to make sure your claim is processed quickly and accurately so the statements are designed to collect as much necessary information as possible at the beginning of the process. We recognize the statements are quite detailed, but by ensuring they are filled correctly and completely, it will take the insurance company less time to assess and make a decision on your claim.

### **What can delay the assessment process?**

*Incomplete statements and requests for additional medical information can delay the process. If the insurance company requires additional information, they will make every effort to obtain it as quickly as possible.*

*Depending on the nature of your disability, the insurance company may request hospital admission and or medical history reports from your Provincial health plan. Depending on your province of residence, it may take approximately 8 weeks for the Provincial plan to respond.*

*The insurance company will let you know if they will be requesting additional information from your physician/specialist or Provincial plan.*

### **Where do I send completed forms?**

The insurance company cannot assess your claim until they have received ALL three forms from you, your employer and your doctor. You should follow up with your doctor and employer to ensure they have completed, signed and provided us with their statements.

Completed claim forms should be emailed to [chdisability@johnstongroup.ca](mailto:chdisability@johnstongroup.ca), faxed to 1.800.457.8410, or mailed to our office at the address below. Please retain the original claim forms for your records.

**Chambers of Commerce Group Insurance Plan®**  
**1051 King Edward Street,**  
**Winnipeg, MB R3H 0R4**  
**Attn: Life & Disability Services**

## **What happens next?**

We will forward your completed forms to Desjardins Insurance to process your claim and an Assessor will reach out to you to discuss the next steps.

A claims examiner will handle your file from start to finish.

The examiner will review the claim once they receive both the Employer's and Claimant's Statement and the Physician's / Specialist's Statement. In most cases the examiner will have all the information they need, but if additional information is required your examiner will contact you directly.

The examiner will review the file to confirm that you are covered by your group benefits contract for LTD benefits, confirm you meet the definition of disability within your group benefits coverage, and review your claim to confirm that you are under the care of a licensed medical doctor and receiving regular, ongoing care and treatment that is appropriate for your disability.

If your claim is approved, you will receive a letter advising you of the amount of your monthly benefit and the expected duration for which your claim will be paid. If you completed the direct deposit authorization on the application form, and provided a voided cheque, benefits will be deposited directly into your bank account as they are due. Benefits will be paid after the completion of the elimination period of your disability.

If your claim is not approved, the insurance company will notify you in writing and provide the reasons for their decision. Should you disagree with the insurance company's assessment of your claim for LTD benefits, you can appeal the decision within 30 days of the receipt date of the letter. Your appeal must be in writing and should include new medical information to support your request to reassess your claim. Any costs for obtaining new medical information, such as test results and medical reports would be at your expense.

## **How long does the assessment process take?**

The initial assessment period takes approximately ten business days from the time they receive all statements from the required parties.

## **If approved, when are claim payments made?**

LTD benefits are payable in arrears at the end of each month of continued disability. Payments will continue as long as you meet the definition of Total Disability and any other applicable plan provisions as defined in your employee booklet.

## **How often is medical information requested?**

Depending on the nature of the medical condition, medical follow-ups will be requested on a periodic basis. The frequency will depend on your condition.

## **How much will my LTD payments be?**

Monthly LTD payments are based on a percentage of your income. Benefits will equal the lesser of the amount shown on your Certificate of Insurance and the benefits payable based on your income at the time you became disabled.

Benefits may be reduced by payments received from other sources for the same disability such as CPP / QPP and Worker's Compensation. As CPP / QPP benefit payments are part of your total benefit calculation, the insurance company may ask you to apply for these benefits once you have been approved for LTD benefits. Benefits are not reduced by income you receive from an individual disability plan.

## **I have Out-of-Province/Out-of-Country coverage. Will this be affected by my LTD claim?**

Members who are Totally Disabled with an approved Waiver of Premium will not be covered for any Out-of-Province/Out-of-Country expenses as outlined in your Employee Booklet.

## **Questions?**

Please contact **Life & Disability Services at 1.800.665.3365 or [chdisability@johnstongroup.ca](mailto:chdisability@johnstongroup.ca).**