

# Chambers Plan Weekly Indemnity (Short Term Disability) Claim Guide

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## How do I qualify for Weekly Indemnity benefits?

Weekly Indemnity (WI) benefits pay a regular weekly income to you if you are absent from work for brief periods as a result of illness or injury. Benefits are available if you are totally disabled and under the regular and personal care of a physician. No benefits are payable for partial disabilities.

## When would benefits begin?

The date of disability begins the date you visit your physician who certifies you are totally disabled. You may then be required to serve a waiting period, referred to as the *Elimination Period*, during which time no benefits are payable. Benefits will commence once the waiting period has been satisfied.

## How are benefits paid?

WI benefits are based on 66 $\frac{2}{3}$ % of your gross weekly earnings, subject to benefit maximums. The amount payable is the lower of the amount shown on your *Certificate of Insurance* or the percentage of actual weekly earnings at the date of disability.

WI benefits may be reduced (offset) by any amount payable to you because of the disability from Workers' Compensation, a provincial automobile insurance program (with respect to payments for time off), or other similar legislated programs.

Payments for approved claims are issued weekly. Desjardins Insurance requires a copy of a void cheque or bank letter for all claims. Payments must be issued by Direct Deposit.

## Reporting your Claim

To apply for WI benefits, written notice of the claim must be submitted within 90 days of the date of disability, and all three parts of the claim form must be completed by the appropriate person and **submitted within 120 days from the date of disability**:

- an **Employee Statement** completed by you,
- an **Employer Statement** to be completed by your employer, and
- an **Initial Attending Physician's Statement** which you take to your medical doctor to complete.

Subsequent written proof satisfactory to the Insurer of a continuing Total Disability must be submitted to the Insurer as required.

## Completing the Employee Statement

This form provides the insurance company with information about you and your condition. To avoid delays in assessing the claim, please answer all questions on the *Employee Statement* and ensure your first and last name, correct mailing address, phone number, and Firm\* and Certificate\* numbers are legible.

\*Desjardins Insurance refers to these as 'Policy no.' and 'Certificate or identification no.' on the form.

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If you have any questions, please contact Life & Disability Services at 1.800.665.3365 – choose Option #3 or email [chdisability@johnstongroup.ca](mailto:chdisability@johnstongroup.ca)

### Completing the Employer Statement

Please have this form completed by your employer. It provides the insurance company with information about expected sources of income and benefits while you are absent from work. Please ensure question #9 on the *Employer's Statement*, 'Date last worked', is answered.

### Completing the Initial Attending Physician's Statement

This form provides the insurance company with specific medical information about your condition and your expected recovery. Please complete Part 1 of this form and have your doctor complete the other sections of the form. Please note your medical doctor may charge you a fee to complete the form. If so, you will be responsible for paying the fee.

### Additional Documentation

In addition to the completed claim form, we will require the following supporting documentation:

<b>Proof of Income</b>	<p>If you are a self-employed individual, please include a copy of pages 1 and 2 of the T1 General return for the prior two years, along with financial statements.</p> <ul style="list-style-type: none"><li>• If an amount is listed on line 101 (Employment Income), provide a copy of all T4 slips related to the amount.</li><li>• If an amount is listed on line 135-143 (Self-Employment Income), provide copies of the tax schedules related to those amounts.</li></ul>
<b>Other Sources of Income</b>	<p>If you are collecting Worker's Compensation Benefits (WCB), CSST Benefits, Motor Vehicle Insurance Benefits, etc. in conjunction with Weekly Indemnity benefits, a copy of the approval or denial letter is required.</p>

### 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**

### Processing your Claim

The assessment process usually takes 7 to 10 business days after ALL required information is in the hands of the underwriter. If any further information is required, they will advise you, and will try to obtain the additional information as quickly as possible.

If your claim is approved, the underwriter will contact you in writing, and benefit payments will commence. If your claim is not approved, the underwriter will contact you in writing and provide you with an explanation of their decision.



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or email [chdisability@johnstongroup.ca](mailto:chdisability@johnstongroup.ca)