

Long Term Disability (LTD) benefits claim guide

Long Term Disability (LTD) coverage provides financial protection when you are disabled and unable to work. This guide is designed to help you through the claim submission process and answer any initial questions you may have with respect to filing a claim for LTD. Because every situation is unique, we treat each absence individually and are here to help in any way we can.

Your group plan will specify the maximum number of months or a termination age for which benefits can be paid. The policy also outlines specific requirements that need to be met in order for you to receive ongoing monthly payments. Some of these obligations include meeting a definition of disability and following appropriate treatment plans. We urge you to read your employee booklet to familiarize yourself with the specific obligations outlined within your group plan.

Reporting your absence early

The Early Notice Form will notify Alberta Blue Cross that you have been absent from your workplace for at least 60 days and will prompt us to contact you to conduct an intake discussion, which will help us streamline your LTD benefits process. The intake discussion will take place through a telephone call or, if deemed appropriate, a personal visit with a professional representative. Your signed Early Notice Form also gives us permission to communicate directly with your health-care providers in the event that we need to gather any of your medical records.

The claim submission process

The claim submission process includes the completion of a series of forms by you, your employer and your treating health-care providers. In order to ensure timely claims processing, the following forms should be completed and forwarded to Alberta Blue Cross **no later than six weeks before the end of your elimination period:**

- The Employee Statement
- The Employer Statement
- Attending Physician Statement
- Job Description Form

All forms can be obtained through your employer or directly from Alberta Blue Cross. We will accept the submission of your claim application via mail, fax or email.

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The claim submission process *(continued)*

- **The Employee Statement**

This form is completed by you. The form provides Alberta Blue Cross with details about the circumstances that led to your work absence and includes a section that you must sign so that we are authorized to communicate directly with your treating health-care providers. Health-care providers consist of any medical professional, such as your family doctor, medical specialists, physiotherapist, chiropractor or other counsellors.

- **The Employer Statement**

This form must be signed and completed by an authorized representative from your employer.

- **Attending Physician Statement**

Your doctor needs to complete this form. It is important that copies of all test results, consultation reports and any hospital discharge summaries associated with your conditions are also provided as this clinical evidence is crucial for us to establish your entitlement to LTD benefits. **Please note that your doctor may charge a fee to complete this form; you will be responsible for paying this fee.**

- **Job Description Form**

This form should be signed by both you and an authorized representative from your employer. An important step in the claims adjudication process is to compare your level of function with the demands of your occupation; therefore, it's extremely important to provide an accurate overview of the major duties and responsibilities of your position and the effort required to perform your job.

Long Term Disability claim application forms can be obtained through your employer or directly from Alberta Blue Cross's web site at www.ab.bluecross.ca. We accept submission of claim applications by mail, fax and email.

Mail

Alberta Blue Cross
c/o Life and Disability Services
10009 108 Street NW
Edmonton, AB T5J 3C5

Fax

780-498-5991 or
780-441-2605 (RightFax)

Email

LifeandDisabilityClaimsInquiries@
ab.bluecross.ca

Your assessment

Once we receive your LTD claim, you will be assigned an Alberta Blue Cross disability case manager who will consider various factors in the assessment of your claim including the medical information provided, how your condition impacts your ability to do your job, as well as your ability to carry on daily living activities. Most of this information is gathered through the telephone intake assessment.

The intake assessment not only allows us the flexibility to ask questions related to your individual set of circumstances but also provides you with the opportunity to ask your own questions about your claim. We may also need to contact your employer and your health-care providers to gather additional information or discuss potential rehabilitation initiatives. In some cases, you could also be asked to undergo an independent medical exam or functional evaluation, which is covered financially by Alberta Blue Cross.

Alberta Blue Cross believes that each individual has a unique set of circumstances associated with their disability; therefore, our case management philosophy and approach are based on an active partnership with you, your employer and your health-care providers. We encourage you to contact us if you have any questions throughout the process.

The outcome

Once all of your information is assembled, your claim will be assessed in accordance with the contractual provisions of your employer's LTD plan.

The claims assessment process usually takes about seven business days from the date we receive all the necessary information. Both you and your employer will be notified in writing that your claim is approved and for how long. In the event that the claim is declined, you will be provided with the reason for the decision and offered the opportunity to appeal.

In the event of any variations, the policy issued to your employer underwritten by Blue Cross Life Insurance Company of Canada is the governing document and will prevail.

Frequently asked questions

This section is designed to help you understand more about the LTD claim process. **Please note that this guide is not intended to replace or amend your employee benefits booklet, the terms of which shall prevail over this guide.**

When should I apply for LTD?

Alberta Blue Cross would like to be notified if your absence is for more than 60 days. If it's anticipated that your health will not be restored before the end of the elimination period, you can consider notifying us earlier. You can fill out an Early Notice Form, which can be obtained from your employer or directly from Alberta Blue Cross.

In the event that we do not receive an Early Notice Form, we ask that you submit your completed LTD application no later than six weeks before the end of the elimination period. The claim assessment process requires the collection of information from various individuals; therefore, it's important for us to receive this information in a timely manner to ensure your claim is adjudicated promptly.

Why should my doctor fill out all the information on the form?

LTD benefits are based on our ability to establish that your condition prevents you from performing the essential duties of your job, occupation or other employment. If your doctor does not provide us with the clinical information required to assess your benefits, it could delay our ability to make a timely decision on your entitlement to benefits.

What does waiver of premium mean?

Often group policies provide for insurance coverage to continue without having to remit premiums. This provision is called waiver of premium; your plan administrator will be able to confirm if you are covered under this provision. If covered, you will

automatically qualify if your claim for LTD benefits is approved. If you only have life insurance coverage, you will need to apply for this benefit as if you were applying for LTD and your claim will be adjudicated based on a definition of disability as outlined within your group policy.

How are my benefits calculated?

The payable LTD benefit amount is based on a portion of the earnings you were receiving before your disability began and will commence following an elimination period as outlined in your employee booklet. This amount may be reduced by other sources of income as defined by the group policy. Examples of primary deductions are benefits payable under Worker's Compensation or Canada/Quebec Disability Benefits (CPP/QPP).

If my claim is approved, when will I start receiving benefits?

LTD benefits are paid monthly. The first payment will commence following the end of the elimination period and will be issued at the end of the month upon which the decision was rendered. Subsequent payments will be issued around the 22nd of each calendar month; you can choose to receive these payments by cheque or direct deposit.

Why do I need to provide proof of age?

LTD benefits or waiver of premium benefits typically have a maximum benefit period based on age. Unless otherwise specified under your group policy, the termination age is typically 65.

What are my responsibilities while I receive LTD benefits?

As the claimant, you have an obligation to be part of the process and to follow any reasonable treatment program to promote your recovery or medical stability. Alberta Blue Cross may expect you to participate in a rehabilitation program or return-to-work planning. Throughout the time you are on claim, we also encourage you to maintain contact with your disability case manager and your workplace.

You are also expected to inform Alberta Blue Cross of sources of income you are entitled to receive at the beginning of your claim and during your claim as some of these earnings may be considered a reduction from your benefit.

Once I've been approved for benefits, how often is medical information requested?

Your disability case manager will continue to have ongoing contact with you to gain a clear understanding of your progress and may periodically communicate with you by telephone or through a home visit. Alberta Blue Cross may also periodically request additional information from any of your health-care providers to get an update about your medical condition. The frequency of such requests will be determined by your unique set of circumstances. In some cases, we may ask you to undergo an independent medical evaluation. When such a request is made, Alberta Blue Cross will make all the arrangements and will also be responsible for any associated cost. A copy of the results will be provided to your treating physician.

What if I receive income from another source? How will that impact my benefit?

Your group policy provides for the integration of your LTD benefits with income or earnings received

from other sources, such as CPP disability benefits or rehabilitation earnings, that you may be entitled to receive while on disability. These sources of earnings are reduced from your gross LTD benefits as described within your group policy.

Does Alberta Blue Cross share medical information with my employer?

The information we collect on your behalf will be used for the purpose of establishing your entitlement to benefits and for the ongoing management of your claim. Your information will not be disclosed to other parties, such as your employer, without your written consent.

What if I return to work with some restrictions?

When the time is right, your disability case manager will develop a return-to-work plan based on your situation. Often no intervention is needed; however, sometimes modified duties or a gradual return-to-work program may be appropriate. Our approach is based on an active partnership with you, your employer and your health-care providers. Our goal is to assist you to return to work in a safe and sustainable manner at the earliest possible time. Should your return to work require certain vocational expertise, we will assign a rehabilitation consultant to assist with the return-to-work coordination.

Will I receive a tax slip?

You will only receive a tax slip if your disability benefits are considered taxable. You can contact your plan administrator to find out if your LTD benefits are taxable. If taxable, T4A slips are mailed by the end of February for benefits paid during the previous tax year.

Benefits are underwritten by Blue Cross Life Insurance Company of Canada®

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