



Your Long Term Disability benefits claim guide

Long Term Disability coverage provides financial protection when you are disabled and unable to work. This guide will help you through the claim submission process and answer any initial questions you have with respect to filing a claim for Long Term Disability. 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 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.

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. To ensure timely claims processing, the following forms should be completed and forwarded to Alberta Blue Cross® **no later than 6 weeks before the end of your elimination period:**

- ☑ The Employee Statement
- ☑ The Employer Statement
- ☑ Attending Physician Statement
- ☑ Education and Work History Form
- ☑ Job Description Form

All forms can be obtained through your Short Term Disability provider or directly from Alberta Blue Cross at ab.bluecross.ca/forms.php.

If your application for Long Term Disability benefits is approved, all payments will be deposited directly to your bank account. To ensure we have the correct banking information, visit the member site at members.ab.bluecross.ca and log in to your account to confirm or update your information. Learn how to update your information at ab.bluecross.ca/member/online-services/help/update-your-information.php.

THE EMPLOYEE STATEMENT

Completed by you, this form provides us with details about the circumstances that led to your work absence and includes a section you must sign to authorize us 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 Long Term Disability benefits. **Please note your doctor may charge a fee to complete this form; you are responsible for paying this fee.**

EDUCATION AND WORK HISTORY FORM

Completed by you, this form provides information on your education and work history. This will help your Case Manager put together a plan for retraining or returning to work.

JOB DESCRIPTION FORM

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

SUBMITTING YOUR CLAIMS

Long Term Disability claim application forms can be obtained through your Short Term Disability provider or directly from our website at ab.bluecross.ca/forms.php. We accept submission of claim applications online through our [member site](#) and by mail or fax.

Online

members.ab.bluecross.ca

Mail

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

Fax

780-441-2605

Toll-free fax

1-855-660-2605

YOUR ASSESSMENT

Once we receive your Long Term Disability claim, we will assign you a 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 and your ability to carry out daily living activities. Most of this information is gathered through a telephone intake assessment.

The intake assessment allows us the flexibility to ask questions related to your individual set of circumstances and provides you the opportunity to ask questions about your claim or process. We may also need to contact your employer and health care

providers to gather additional information or discuss potential rehabilitation initiatives. In some cases, we may ask you to undergo an independent medical exam or functional evaluation, which are covered financially by Alberta Blue Cross.

We believe each individual has unique 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. Please contact us if you have any questions throughout the process.

THE OUTCOME

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

The claims assessment process usually takes about 7 business days from the date we receive all the necessary information. Both you and your employer will be notified in writing if your claim is approved and

for how long. In the event 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 will help you understand the Long Term Disability claim process. **Please note 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 LONG TERM DISABILITY?

You should notify Alberta Blue Cross if your absence is for more than 60 days. If it is anticipated your health will not be restored before the end of the elimination period, you can consider notifying us earlier.

Please submit your completed Long Term Disability application no later than 6 weeks before the end of the elimination period. The claim assessment process requires collecting information from various individuals, so it is 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?

Long Term Disability 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?

Group policies often 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. You will automatically qualify if covered and your Long Term Disability claim is approved. If you only have life insurance coverage, you will need to apply for this benefit as if you were applying for Long Term Disability, 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 Long Term Disability 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, Canada Disability Benefits (CPP) or Quebec Disability Benefits (QPP).

IF MY CLAIM IS APPROVED, WHEN WILL I START RECEIVING BENEFITS?

Long Term Disability 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 3 days before the end of each calendar month. Payments will be deposited directly in your bank account.

At some point in your recovery, a Gradual Return To Work (GRTW) program may be specifically developed for you based on medical recommendations. Please refer to the question below regarding your responsibilities while receiving Long Term Disability for more details.

If you participate in a GRTW program, your Long Term Disability benefit payment will be partially reduced by earnings you receive through your employer. Your Long Term Disability benefit payment will be issued after you submit your timecard to your employer's payroll department and they provide the details of your monthly earnings to Alberta Blue Cross. This process may impact the timing of your Long Term Disability payment.

WHY DO I NEED TO PROVIDE PROOF OF AGE?

Most Long Term Disability benefits or waiver of premium benefits 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 LONG TERM DISABILITY BENEFITS?

As the claimant, you have an obligation to be part of the process and follow any reasonable treatment program to promote your recovery or medical stability. We 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 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. We may also periodically request additional information from any of your health care providers to get an update on 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, we will make all the arrangements and 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 Long Term Disability 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 Long Term Disability benefits as described within your group policy.

WILL ALBERTA BLUE CROSS SHARE MY 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 GRTW 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 specific 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 benefits are taxable. If your benefits are taxable, a tax slip will be mailed to you before the end of February for benefits paid during the previous tax year.

