Online Disability Claim Submission

This guide will walk you through how to submit an online disability claim through the Plan Administrator portal and how to enrol an employee into life benefits.
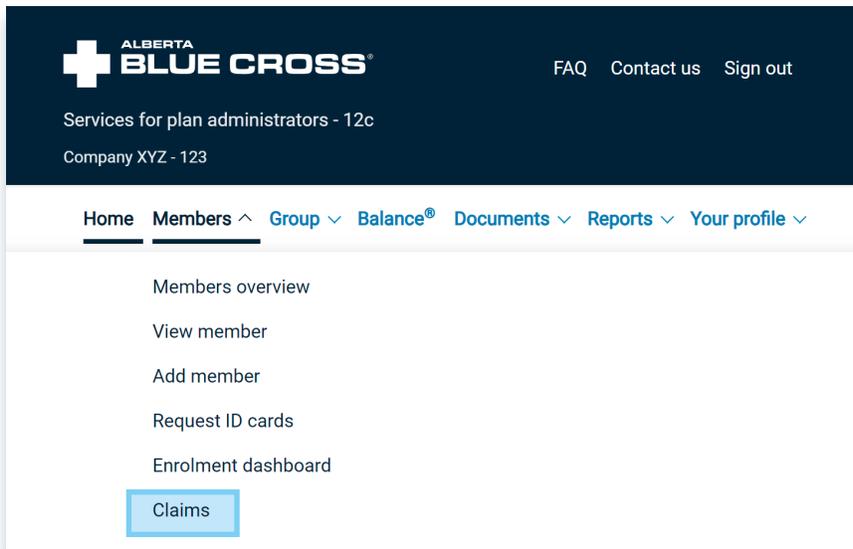
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Table of contents

Online Disability Claims Submission: Submitting an electronic claim

There are two paths through which you can submit a claim online: uploading documents and electronic submission. This section will walk you through the process of submitting an electronic-based claim.

1: Select Claims

Once in the plan administrator site, navigate to the '**Claims**' link under the 'Members' section.

2: Search for the member

Search for the member by using the search criteria. If multiple members appear based on your search criteria, ensure you are selecting the correct member.

Note: if a screen pops up saying "no results found," you must first enroll the member and add life benefits to their plan.
To do so, please refer to the section "enrolling a member" on page 16.

3: Acknowledgement and consent

Check the acknowledgement box and select the **'Submit a claim online'** button. If you'd prefer to continue with the upload form, refer to the section "submitting a paper claim" on page 10.

Submit a Disability claim

▼ General information

	Name	**ID**	**Birth date**			
Member	Jamie Doe	123456-78	Jan 01, 1990			
	Name	**Group number**	**Section**	**Class**	**Life group number**	
Group information	Company XYZ	123	A	A	123-456-A	
	Effective Apr 01, 2022		**Participant coverage** Single			

Welcome to the claim submission wizard! Our online claiming system makes submitting life and disability claims simple. Please note, if the member's personal information needs to be updated, go to their member profile and correct it, then return to the wizard.

To make sure you're prepared with all the necessary information, please ensure you have access to the following:
- you may need a scanner and printer or digital device with a camera;
- the employee's current employment information, including the days missed due to disability;
- the employee's salary or payment information; and
- if applicable, any other documents to support the claim submission

To save the information you've entered while using the wizard, click "Save" at any time.

Acknowledgement and consent

☑ I, the plan administrator, have reviewed and provided to Alberta Blue Cross the benefit application form and all benefit change forms for the employee for whom a claim is submitted. I confirm that the benefit application and benefit change forms provided to Alberta Blue Cross are fully complete, duly signed, accurate and current to the best of my knowledge. I confirm that the original benefit application and benefit change forms will be retained in secure storage until the end of the employee's employment or until the employee is no longer eligible to submit a claim for benefits under their group benefit plan, whichever date is later. All Life & Disability benefits are underwritten by the Blue Cross Life Insurance Company of Canada.

[Close]   [Submit a claim online]

I'd like to continue with the paper form

4: Filling in the claim

Fill in steps 1 to 6, which include the employee's employment details, other claims information, earning details and additional information. Then, upload all relevant documents to the claim before clicking on '**Save and continue**.'

Submit a Disability claim

▼ General information

	Name	**ID**	**Birth date**			
Member	Jamie Doe	123456-78	Jan 01, 1990			

	Name	**Group number**	**Section**	**Class**	**Life group number**
Group information	Company XYZ	123	A	A	123-456-A

Effective	Apr 01, 2022		**Participant coverage**	Single

Step 1: Disability information

Please specify what kind of disability your employee is experiencing.

What is the type of disability?* ○ Short term disability ○ Long term disability

What was the first day your employee was unable to work due to disability?* `YYYY-MM-DD`

What was the cause of the disability?* ○ Accident ○ Illness ○ Unknown

Is this condition due, or related to, an occupational illness or accident (past or present)?* ○ Yes ○ No ○ Unknown

[Back] [Delete] [Save] [Save and continue]

Step 6: Document upload

Please upload any documents relevant to this claim. Ensure you are selecting the appropriate document type. Failure to do so may prevent the file from being uploaded as expected.

Type of document   Select ▾

Upload a document   [Choose File] No file chosen

[Add]

Document type	File name	
Accident questionnaire	Test.txt	✕ Remove

[Back] [Delete] [Save] [Save and continue]

5: Review page

Review the information you've entered. If you need to revise anything you've entered please select the '**Edit**' button and update the information. Select '**Submit**' to submit the claim.

Submit a Disability claim

▼ General information

	Name	**ID**	**Birth date**		
Member	Jamie Doe	123456-78	Jan 01, 1990		

	Name	**Group number**	**Section**	**Class**	**Life group number**
Group information	Company XYZ	123	A	A	123-456-A

	Effective	Apr 01, 2022	**Participant coverage**	Single

Review

Please review your information below and ensure that it is accurate. If any information needs to be updated, click the edit button at the top right of each section.

Disability information	✎ Edit
What is the type of disability?	Short term disability
What was the first day your employee was unable to work due to disability?	Jan 01, 2022
What was the cause of the disability?	Accident
Is this condition due, or related to, an occupational illness or accident (past or present)?	No

Employment information	✎ Edit
What is the employee's position/job title (as of last day worked)?	Test
What is their position status?	Full-time
What was this employee's first day of employment?	Jan 01, 2022
When did this employee become eligible for benefits?	May 01, 2022
When was this employee's last day worked?	May 10, 2022
Has the employee returned to work since Jan 01, 2022?	No
Did you offer modified work duties?	Yes
Please describe the modified duties.	Test

Other claims	✎ Edit
While employed by you, has the employee ever submitted a claim for similar causes with another insurer?	Unknown
Is the employee receiving other disability-related benefits?	Unknown

Review page continued …

Other claims — ✐ Edit

| While employed by you, has the employee ever submitted a claim for similar causes with another insurer? | Unknown |
| Is the employee receiving other disability-related benefits? | Unknown |

Earnings — ✐ Edit

| Current salary | $50,000 |
| Salary frequency | Annual |

Additional information — ✐ Edit

| Provide any additional information which may be of value in consideration of this application for benefits. | |

Document upload — ✐ Edit

| Document type | Accident questionnaire |
| File name | Test.txt |

Back **Delete** **Submit**

6: Confirmation page

This page confirms the change has been submitted. You can review the online change form by clicking the hyperlinked confirmation number.

Submit a Disability claim

▼ **General information**

| | **Name** | **ID** | **Birth date** | | |
| **Member** | Jamie Doe | 123456-78 | Jan 01, 1990 | | |

| | **Name** | **Group number** | **Section** | **Class** | **Life group number** |
| **Group information** | Company XYZ | 123 | A | A | 123-456-A |

| **Effective** | Apr 01, 2022 | | **Participant coverage** | Single |

Confirmation

The disability claim has been successfully submitted. If you have additional documents to submit in support of the claim, please refer to Documents tab. A Life & Disability Services representative will contact the employee to discuss the next steps in your claim submission.

Please use this confirmation number for inquires: 692608. We recommend printing a copy of the information you have submitted by clicking on the confirmation number.

Online Disability Claims Submission: Reviewing Online Disability Claims

1: Under the "Member" tab, select '**View member'** then search the member by either first/last name or ID number.
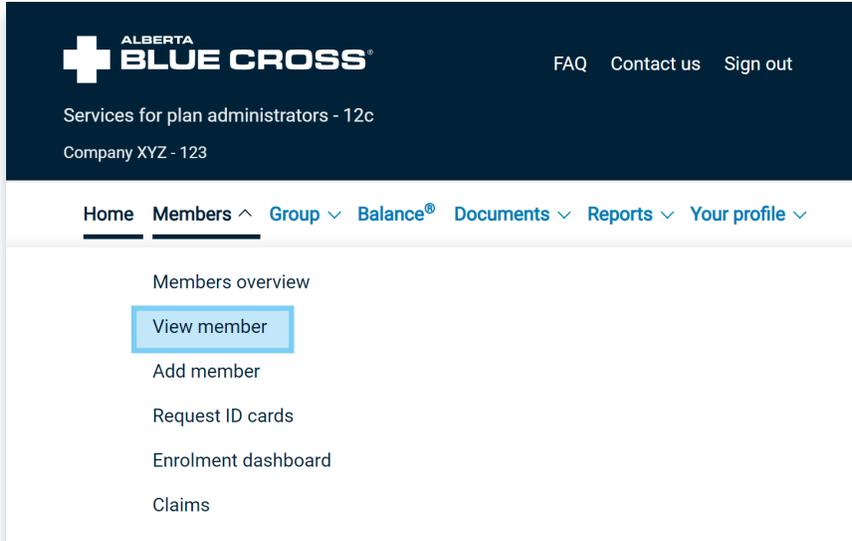
2: Once on the members record, select the '**Life/disability**' tab, then the '**Claims**' subtab. To open a claim, click the claim number.

3: After clicking the claim number, the claim information will appear.

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View disability claim information

▼ General information

	Name	ID	Birth date	Over-age class	Employee ID
Member	Jamie Doe	123456-78	Jan 01, 1990		

	Name	Group	Section	Class	Life group number
Group information	Company XYZ	123		A	123-456-A

Effective Feb 15, 2017		**Participant coverage** Family		

▼ Claim summary

	Name	Birth date	Age	Occupation
Claimant	Jamie Doe	Jan 01, 1990	33	Manager

	Claim number	Claim type	Status	Case manager
Claim	ABC-12345-67	LTD Benefit	Approved	Jane Smith

▼ Claim details

	Date last worked	Disability date	Benefit effective date	
Incident		Apr 14, 2021	Aug 11, 2021	

	Notification date	Decision	Decision date	Reason for decision
	Apr 27, 2022	Approved	Aug 17, 2022	Benefit Approved

	Case strategy			
Status				

	Expected resolution	Change of definition	CPP application	
		Aug 11, 2023	Unknown	

[**OK**]

Online Disability Claims Submission: Uploading a paper claim online

There are two paths through which you can submit a claim online: paper and electronic. This section will walk you through the process of entering the information required for the Employer Statement online and printing off the completed document to send to us.

1: Select Claims

Once in the plan administrator site, navigate to the '**Claims**' link under the 'Members' section.

2: Search for the member

Search for the member by using the search criteria. If multiple members appear based on your search criteria, ensure you are selecting the correct member.

Note: if a screen pops up saying "no results found," you must first enroll the member and add life benefits to their plan.

To do so, please refer to the section "enrolling a member" on page 16.

3: Acknowledgement and consent

Check the acknowledgement box and select '**I'd like to continue with the paper form**'.

Submit a Disability claim

▼ General information

	Name	ID	Birth date			
Member	Jamie Doe	123456-78	Jan 01, 1990			

	Name	Group number	Section	Class	Life group number
Group information	Company XYZ	123	A	A	123-456-A

Effective	Apr 01, 2022		**Participant coverage**	Single

Welcome to the claim submission wizard! Our online claiming system makes submitting life and disability claims simple. Please note, if the member's personal information needs to be updated, go to their member profile and correct it, then return to the wizard.

To make sure you're prepared with all the necessary information, please ensure you have access to the following:
• you may need a scanner and printer or digital device with a camera;
• the employee's current employment information, including the days missed due to disability;
• the employee's salary or payment information; and
• if applicable, any other documents to support the claim submission

To save the information you've entered while using the wizard, click "Save" at any time.

Acknowledgement and consent

☑ I, the plan administrator, have reviewed and provided to Alberta Blue Cross the benefit application form and all benefit change forms for the employee for whom a claim is submitted. I confirm that the benefit application and benefit change forms provided to Alberta Blue Cross are fully complete, duly signed, accurate and current to the best of my knowledge. I confirm that the original benefit application and benefit change forms will be retained in secure storage until the end of the employee's employment or until the employee is no longer eligible to submit a claim for benefits under their group benefit plan, whichever date is later. All Life & Disability benefits are underwritten by the Blue Cross Life Insurance Company of Canada.

[Close] [Submit a claim online]

[I'd like to continue with the paper form]

4: Disability information

Complete the disability information by selecting the type of disability claim being submitted in Step 1 (short or long term) and complete the rest of the requested information in the form. Select '**Save and continue**' to proceed to Step 2.

Submit a Disability claim

▼ General information

	Name	**ID**	**Birth date**			
Member	Jamie Doe	123456-78	Jan 01, 1990			

	Name	**Group number**	**Section**	**Class**	**Life group number**
Group information	Company XYZ	123	A	A	123-456-A

Effective	Apr 01, 2022		**Participant coverage**	Single

Step 1: Disability information

Please specify what kind of disability your employee is experiencing.

What is the type of disability?* ○ Short term disability ○ Long term disability

What was the first day your employee was unable to work due to disability?* [YYYY-MM-DD]

What was the cause of the disability?* ○ Accident ○ Illness ○ Unknown

Is this condition due, or related to, an occupational illness or accident (past or present)?* ○ Yes ○ No ○ Unknown

[Back] [Delete] [Save] [Save and continue]

5: Upload documents

Print, sign and scan the employer statement form for submission. Select the type of document(s) you're uploading in the drop down menu, choose the file and select '**Add**'. Upload all relevant documents to claim.

Submit a Disability claim

▼ General information

	Name	**ID**	**Birth date**			
Member	Jamie Doe	123456-78	Jan 01, 1990			

	Name	**Group number**	**Section**	**Class**	**Life group number**
Group information	Company XYZ	123	A	A	123-456-A

	Effective Apr 01, 2022		**Participant coverage** Single

Step 2: Document upload

Please upload any documents relevant to this claim. Ensure you are selecting the appropriate document type. Failure to do so may prevent the file from being uploaded as expected.

You will need to print, sign and scan the Employer Statement form for submission.

🖨 **Print the Employer Statement form**

Type of document	Select ▾
Upload a document	Choose File No file chosen

Add

Back | Delete | Save | Save and continue

Once you've uploaded all relevant documents (they should all be listed in the 'document type' table), proceed to the next step by clicking '**Save and continue'**.

Step 2: Document upload

Please upload any documents relevant to this claim. Ensure you are selecting the appropriate document type. Failure to do so may prevent the file from being uploaded as expected.

You will need to print, sign and scan the Employer Statement form for submission.

🖨 **Print the Employer Statement form**

Type of document	Select ▾
Upload a document	Choose File No file chosen

Add

Document type	**File name**	
Employer statement	Test.docx	✕ Remove

Back | Delete | Save | Save and continue

6: Review page

Review the information you've entered and select '**Submit**'.

Submit a Disability claim

▼ General information

	Name	**ID**	**Birth date**		
Member	Jamie Doe	123456-78	Jan 01, 1990		

	Name	**Group number**	**Section**	**Class**	**Life group number**
Group information	Company XYZ	123	A	A	123-456-A

Effective	Apr 01, 2022		**Participant coverage**	Single

Review

Please review your information below and ensure that it is accurate. If any information needs to be updated, click the edit button at the top right of each section.

Disability information	✎ Edit
What is the type of disability?	Short term disability
What was the first day your employee was unable to work due to disability?	Jan 01, 2022
What was the cause of the disability?	Accident
Is this condition due, or related to, an occupational illness or accident (past or present)?	No

Document upload	✎ Edit
Document type	Employer statement
File name	Test.docx

[Back] [Delete] [Submit]

7: Confirmation page

This page confirms the change has been submitted. You can review the online change form by clicking the hyperlinked confirmation number.

Submit a Disability claim

▼ General information

	Name	ID	Birth date		
Member	Jamie Doe	123456-78	Jan 01, 1990		

	Name	Group number	Section	Class	Life group number
Group information	Company XYZ	123	A	A	123-456-A

Effective	Apr 01, 2022		**Participant coverage**	Single

Confirmation

The disability claim has been successfully submitted. If you have additional documents to submit in support of the claim, please refer to Documents tab. A Life & Disability Services representative will contact the employee to discuss the next steps in your claim submission.

Please use this confirmation number for inquires: 692621. We recommend printing a copy of the information you have submitted by clicking on the confirmation number.

Enrol at time of claim: Enrolling a member into their Life and Disability benefits

Before you can submit a disability claim on behalf of your employee, the employee must already be actively enrolled in their life benefits. If these employees are not yet enrolled, you must first enrol them into their applicable life benefits through the following steps.

1: Select view member
In the plan administrator site, navigate to the '**View member**' link under the 'Members' section.

2: Search for the member

Search for the member by using the search criteria. If multiple members appear based on your search criteria, ensure you are selecting the correct member.

3: View participant enrolment

Once you have selected the correct member and are in the '**View participant enrolment**' section, select the '**Life and Disability**' tab.

4: Select the 'Add' button to start the addition process

Once you're in the 'Life and Disability' tab, select the '**Add**' button at the bottom of the page under 'Enrolled benefits'.

5: Add Life and Disability Benefits

Select the applicable boxes and enter the effective date of coverage. The effective date of coverage is the date of the incident. Proceed to enter the member salary and occupation information. The occupation category is a high-level grouping of different types of occupations, please choose the one closest to the member's occupation. Press '**Next**'.

6: Review entry and submit

Review the information entered, select the acknowledgment check box and submit.

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Review

▶ General information

▶ Member information

▶ Dependent information

▶ Health and/or dental

▼ **Life and/or disability**

▶ Enrolled benefits

▼ **Optional enrolled benefits**

Benefit	Participant coverage	Effective	Termination
Basic Life(Enrol at claim)	Single	Mar 01, 2022	
LTD(Enrol at claim)	Single	Mar 01, 2022	

[Add]   [Edit]

▼ **Member salary and occupation**

Salaries

Salary ($)	Frequency type	Hours worked per week	Effective	Termination
50,000.00	Annual	40	Mar 01, 2022	

Occupation

Occupation category Hospitality (e.g. hotel) and food service

Occupation Hospitality

[Edit]

☐ I have retained the original application and/or change forms for the employee. Application and change forms are duly signed and stored in a secure place either for the entire course of their employment or the date the employee is no longer eligible to make application for a claim under their policy, whichever is later.

[Cancel]   [Submit]

7: Confirmation page

This page confirms the change has been submitted. You can review the online change form by clicking the hyperlinked confirmation number.

Confirmation

General information

Group information	Name Company XYZ	Group 123	Section A	Class A	Life group 12345-678-91A

Member information

Name	Jamie Doe	ID number	123456-78

Details

Updates have been successfully submitted.

Please use this confirmation number for inquiries: 693814. We recommend printing a copy of the information you have submitted by clicking on the confirmation number.

Create participant   Search for participant   Close

Online Claims Submission: Uploading documents

This section will walk you through uploading documents for an existing disability claim and uploading documents for any other life and disability claims.

Upload documents for an existing disability claim

1: Select Upload documents

Once in the plan administrator site, navigate to the '**Upload documents**' link under the 'Documents' section.
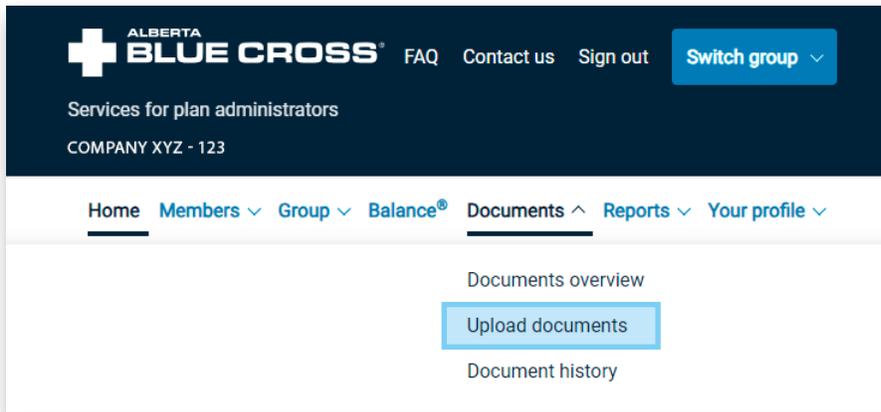
Select '**Yes**' once prompted.
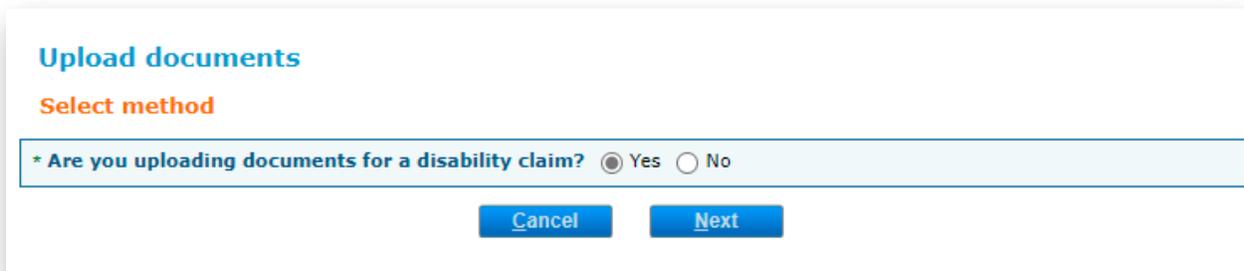
2: Search for the member

Search for the member by ID number or by first and last name.

Search criteria

Search criteria

Hint: For accurate search results, please fill out the **ID number** or the **Last/First name** fields only.

ID number			
Last name	Doe	**First name**	Jamie
Preferred name		**Middle name**	
Birth date		**Tracking identifier**	
	(YYYY-MM-DD)		
Group number	123	**Participant type**	
Personal health number		**Social insurance number**	
Registration number		**Coverage number**	
Unique identifier		**Employee number**	

Cancel   Reset   Search

3: Upload the document

Once the member is selected, click '**Upload Document**'.

Upload document history

▾ **General information**

	Name	**ID**	**Birth date**		
Member	Doe, Jamie	123456-78	Jan 01, 1990		

	Name	**Group number**	**Section**	**Class**	**Life group number**
Group information	COMPANY XYZ	123	A	A	12345-67891A

Effective Feb 15, 2017   **Participant coverage** Family

View all uploaded documents uploaded on behalf of the plan member

Document name	Document type	Submitted by	Submitted on
1234.docx	Accident questionnaire		Jul 06, 2023 14:44:46
CSD09296536.pdf	APP-BEN-EMPR-STMT		Jan 06, 2022 12:28:33
5678.docx	Employee statement		Jun 20, 2023 08:49:06

Close   Upload Document

4: Select the document type

Select the document type and click '**Choose File**' to select the document. Enter the claim number if you have it available.

5: Add the document

Once selected, click '**Add**'. Up to 10 documents can be submitted in one transaction. When all documents are uploaded, click '**Submit**'.

6: Confirmation

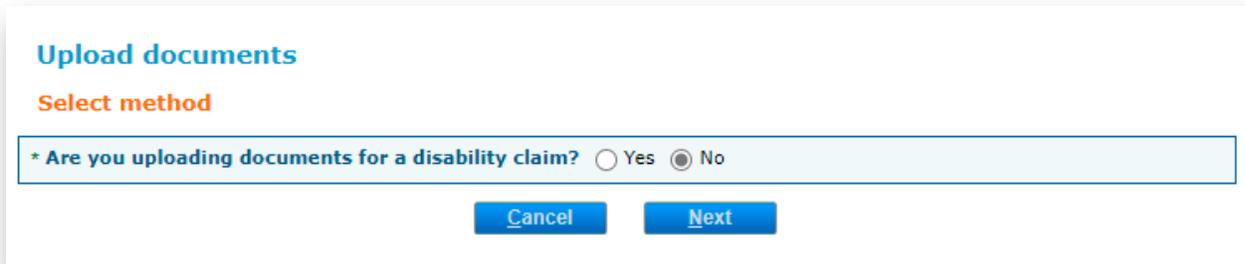You will receive a confirmation once this is complete.

Upload documents for all other life and disability claims

1: Select Upload documents

Once in the plan administrator site, navigate to the '**Upload documents**' link under the 'Documents' section.
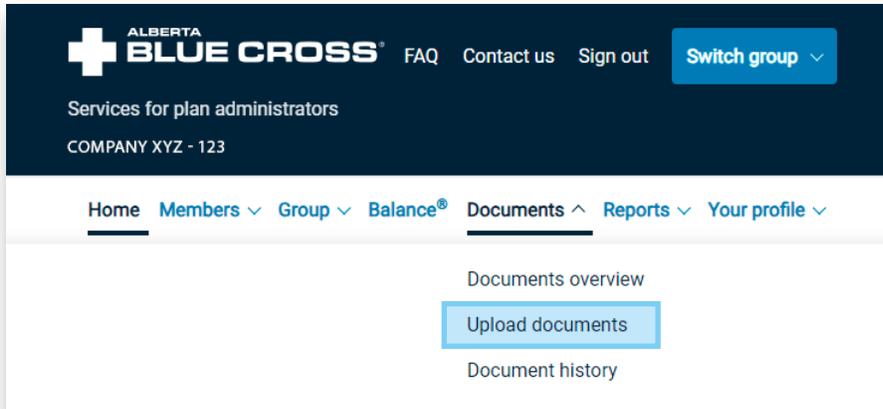
Select '**No**' once prompted.

2: Choose your files

Select the document type '**Other**' and click '**Choose Files**' to select the document.

3: Add the document

Once selected, click '**Add**'. Up to 10 documents can be submitted in one transaction. When all documents are uploaded, click '**Submit**'.

4: Confirmation

You will receive a confirmation once this is complete.

CONTACT US WITH QUESTIONS OR CONCERNS

If you have difficulties, please contact the Group Plan Administrator Support department at **groupeligibility@ab.bluecross.ca**, or call **780-498-5925** (Edmonton and area), or toll-free at **1-866-498-5925** (Canada and the U.S.).

Office hours: **Monday–Friday, 8:30 a.m. to 5:00 p.m.(MT)**.