



Short-Term Disability

Claim Guide

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



When we receive your claim. Your Case Manager reviews all the information received about your claim and the contract provisions. As part of this review, they look at:

- the medical information
- the impact your condition has on your ability to function and carry on your daily activities
- your occupational duties
- how your condition affects your ability to perform your occupation

As part of this review, your case manager may contact you by phone to discuss your claim. They may have some questions for you to better understand your condition, but this is also an opportunity for you to ask them any questions you may have about your claim. They may also need to contact your doctor and/or employer to ask some further questions or to obtain any missing information.



We'll let you know. The claims assessment process usually takes 5 business days after we receive all the necessary information. If your claim is approved based on your employer's STD plan, your case manager will notify you and your employer in writing. If your claim is not approved, your case manager will notify you in writing and provide the reasons for the decision.

For some claims, we may determine that we don't have enough information to make an informed decision.



Your information is confidential. We treat the information you provide to us as confidential. We only collect, use, and disclose information about you as outlined in the authorization you have signed on your Plan Member's Statement, or as permitted or required by law.



Reporting your absence

To apply for STD benefits, you and your employer will need to send us a completed STD form package. The package contains three forms:

- A Plan Sponsor's Statement, which your employer completes and sends to us separately;
- A Plan Member's Statement, which you must complete and return to our office.
- An Attending Physician's Statement, which you take to your doctor to complete.

NOTE: Your doctor may charge you a fee to complete this form. If so, you will be responsible for paying that fee.

Complete the Plan Member's Statement

This statement provides us with information about your condition, how it occurred, your general medical history, and your expected sources of income and benefits while you're on leave.

- Be sure to answer all the questions in full to avoid delays when we assess your absence.
- Be sure that all dates provided (date you were first unable to work, date of accident, etc.) are correct since they are essential to our assessment.
- Provide the required document outlined in the "Automatic deposit of your disability payments" section if you would like to have your payments deposited into your bank account. For chequing accounts, we will require a personalized VOID cheque.
- Read and sign the Authorization which allows us to exchange information with your doctor and any other health care professionals who are involved in your care. Also, please sign Part 1 of the Attending Physician's Statement before giving the form to your physician to complete.

Have your physician complete the Attending Physician's Statement

This statement provides us with specific medical information about your condition and your expected recovery.

- The Attending Physician's Statement must include all the information requested about your condition. This form can be completed by your family doctor, a doctor at a walk-in clinic, a specialist or nurse practitioner - any medical professional who is a doctor of medicine and that has treated you for your condition.
- If your doctor has conducted tests, a copy of the findings must be included with the Statement.
- If you have seen a specialist for your condition, be sure to have your doctor send us copies of all consultation and clinical notes with the Statement.

NOTE: Do not change or write anything on the Attending Physician's Statement. Any changes to the Statement must be initialed by your doctor.

Sending in your forms

- Follow up with your doctor (if the form was left with them for completion) and employer to confirm they have completed, signed and submitted their forms to our office.
- We recommend you submit the completed claim forms as soon as possible after the beginning of your absence, as most contracts limit the period of time in which to submit a claim.
- Send in your forms using one of the options provided on the last page of the Plan Member Statement.

Be sure your group Contract number and your Member ID number are clearly shown on your Plan Member's Statement and Attending Physician's Statement before submitting the forms to us.

If you are unsure, please contact your Benefits Administrator who will be able to provide you with this information.



FAQs

We want you to feel comfortable with the Short-Term Disability claims process. This Frequently Asked Questions guide is designed to help you understand more about the process, from claims submission through to your recovery.

What does plan sponsor mean? The term 'plan sponsor' is another name for your employer, the policy holder or the contract holder for your plan.

What are my Contract and Member ID numbers? The Contract number refers to the document that outlines your plan sponsor/employers benefits plan with Sun Life Financial. The Member ID is the number used to identify you specifically. These numbers can be found on your coverage or enrollment summary or in your employee benefits booklet.

Why does my doctor need to fill out the Attending Physician's Statement? The Attending Physician's Statement has been designed to ask your doctor for information that will help us understand the nature of your condition and how it impacts your functional abilities. If your doctor provides only part of the information requested, or a brief note on a doctor's prescription pad, we may not have all the information needed to assess your request for benefits. This will potentially delay a decision on your claim.

How are my benefits calculated? Disability benefit payments are usually based on a specific percentage of your weekly earnings at the time you become disabled. The benefit amount under your plan is specified in your employee benefits booklet.

If my claim is approved, when do my payments start? Your disability benefit payments will be paid from the day following the completion of the elimination period. The elimination period is outlined in your employee benefits booklet. If this date is in the past, then payment will be made back to this date, for the retroactive amount owing.

How and when are payments made once the claim is approved? If you would like to have your benefits deposited directly into your bank account, the Plan Member's Statement outlines what information is needed in order to set this up - see *Automatic deposit of your disability payments*. Don't forget to review this section and provide the required documentation. For chequing accounts, we will require a personalized VOID cheque. NOTE: There may be a delay in payment if a scheduled payment falls on a holiday.

How long will I receive disability payments? For STD, you will continue to receive disability benefit payments as long as you meet the definition of total disability. Usually, this means you are 'totally disabled' for your own occupation up to the maximum benefit period. The definition of total disability and the maximum benefit period for your plan are defined in your employee benefits booklet. There are also other requirements you must meet in order to continue to receive disability benefit payments. These include continuing to explore new employment opportunities, pursuing appropriate treatment or attempting modified work duties. Please consult your employee benefits booklet for the specific details of your plan.

What are my responsibilities while I receive disability benefits? While you are in receipt of disability benefits, we will talk to you about returning to work, at the appropriate time. We expect that you will participate in these discussions, and return to your own occupation as soon as it is safe and healthy for you to do so. If it becomes apparent that you will not be able to return to your own occupation, you will be expected to consider any reasonable offer of modified work with your employer.

Once I've been approved for benefits, how often is medical information requested? A clear understanding of the progress of your recovery is considered essential in preparing for a potential return to work. Periodic updates on your medical condition and functional status help us determine your progress. The frequency of status reports will be determined by the unique circumstances of your claim, your medical condition and treatment plan. We will follow up with you and your treating doctor(s) by telephone or mail. Your Case Manager will work with your doctor and Sun Life's Health Partners to ensure you are receiving appropriate treatment. In some cases, we may require that you undergo an independent medical exam to get more information. We will arrange the appointment and give you adequate advance notice. (We will provide a copy of the results to your treating doctor.)

When would benefits not be paid? Benefits may not be paid if you:

- are not considered totally disabled
- are not receiving or following appropriate treatment as recommended by your treating doctor
- are not participating in a Sun Life-approved rehabilitation program
- are on leave of absence, strike or lay-off, except where Sun Life specifically agreed to the continuation of coverage or as required by law
- are absent from Canada due to any reason, unless you have received written agreement from our Case Manager in advance to pay benefits during this period
- complete any work for wage or profit except as approved by us
- serve a prison sentence or are confined in a similar institution

Please consult your employee benefits booklet for the specific details of your plan.

What if I receive income from another source? How will that impact my benefit? Your employer's STD plan may indicate that your disability benefit payments are reduced by payments received from other sources, such as Canada Pension Plan (CPP), Quebec Pension Plan (QPP) and Workers' Compensation for the same or subsequent disability. Your benefit payment will not be reduced by income you receive from an individual disability plan. A retroactive award from another source may reduce your disability benefit payments and may result in an overpayment. If this situation occurs, you are expected to reimburse the amount overpaid.

What if I return to work with some restrictions? Your Case Manager will work with you and your employer to develop a return-to-work plan that accommodates what you are able to do. Your return-to-work plan could include, for example, a gradual increase in hours and/or modified duties. Should your return to work require specific vocational expertise, we may involve one of our Health Management Consultants to assist with planning your return to the workplace. We will contact your doctor to ensure he or she is aware of the plan before it begins. Once you're back performing the essential duties of your occupation, full-time, Sun Life is usually no longer involved.

What happens if I'm unable to return to work before the maximum benefit period? If your absence is anticipated to extend beyond the maximum benefit period provided under your employer's STD plan, and you have LTD coverage with us we will rely on the medical information gathered during the management of your STD claim to make a decision on your entitlement to Long Term Disability benefits. Your Case Manager will provide you with further information at that time.

Will I receive a tax slip? A tax slip will be issued if the disability benefit payments you receive are taxable income. Tax slips are mailed by the end of February every year, for the previous tax year. If you are unsure if the disability benefits payments you receive are taxable income, please contact your Benefits Administrator.

* This guide is not intended to replace or amend your employee benefits booklet. If there are any discrepancies between your employee benefits booklet and the information in this guide, the group benefits booklet will take priority.

About Sun Life Financial

A market leader in group benefits, Sun Life Financial serves more than five million people in over 10,000 corporate, association, affinity and creditor groups across Canada. Our core values — integrity, service excellence, customer focus and building value — are at the heart of who we are and how we do business.

Our extensive products, services and technology enable us to tailor group benefit programs to meet virtually any customer's needs competitively and cost effectively.

Sun Life Financial and its partners have operations in key markets worldwide including Canada, the United States, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

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