



Long Term Disability Benefits



Understanding Your Coverage

What are Long Term Disability (LTD) benefits?

Long Term Disability insurance is part of your Employer's group benefits plan. If you become unable to work for a prolonged period of time due to an illness or injury (while you are insured), LTD benefits provide you with monthly income replacement. As your group insurance company, Manulife provides you with LTD benefits according to the terms of your group benefits contract.

When should I apply for LTD benefits?

If your condition is expected to prevent you from returning to work beyond the LTD Qualifying Period outlined in your group benefits booklet, you should submit an application for LTD benefits no later than eight weeks before the end of the Qualifying Period. The Qualifying Period is the duration of time you must be off work due to a disabling condition before benefit payments will begin.

How do I qualify for LTD benefits?

Manulife will review your application along with your group benefits contract to determine if you are eligible for LTD benefits. If your claim meets the terms of your group disability plan, your claim will be approved. Some of the terms evaluated in the review of your claim include:

- **Eligibility** – your case manager will confirm that you are covered by your group benefits contract for LTD benefits.
- **Level of function** – your case manager will compare your level of function to the demands of your job to confirm whether you meet the definition of disability within your group benefits contract.
- **Appropriate treatment** – your case manager will review your claim to confirm that you are under the care of a licensed medical doctor and that you are receiving regular, ongoing care and treatment that is appropriate for your disabling condition.



In some contracts, “totally disabled” means that a person is unable to perform his or her own occupation – meaning type of work such as welding, computer repair or teaching – not the specific job they were hired to do. Contracts that have an own occupation definition of disability usually change to an any occupation definition after a set period of time (usually 24 months).

In other contracts, “totally disabled” means that a person is unable to perform any occupation including any type of work for which he or she is reasonably qualified by education, training or experience. Your group benefits booklet or your plan administrator will explain how your contract defines “total disability”.

Will I have rehabilitation assistance?

Your case manager will work with you, your employer and your healthcare provider(s) to develop a return to work plan, as soon as you are medically able.

A Rehabilitation Specialist will be assigned to you if you have difficulty in returning to your regular work or if returning to your regular work is not medically possible. Your Rehabilitation Specialist will work with you and your employer to find potential job opportunities that are appropriate to your situation. If you are unable to return to your own job or another job with your own employer, your Rehabilitation Specialist will assist you in preparing to seek employment with another employer.

Manulife’s Rehabilitation Specialists are professionals with backgrounds like nursing, psychology, physiotherapy, occupational therapy, social work or vocational counseling. They are skilled negotiators that can work with you, your employer, your healthcare provider(s) and your case manager to develop the return to work plan that best suits your needs and your employer’s needs and that fits within the boundaries of your group benefits contract.



Working Together

You, your healthcare provider(s), your employer and Manulife all have a role to play in ensuring the LTD claim process is as smooth as possible for you. The following is an overview of our individual responsibilities.

You

- Follow the appropriate treatment recommendations to promote your recovery or medical stability.
- Ensure your initial LTD application is complete.
- Provide up to date medical evidence as requested.
- Participate in return-to-work planning and recommended rehabilitation programs, when appropriate.
- Keep in touch with your workplace and case manager.
- Inform Manulife about all sources of income at the start of your claim and during your claim.

Your healthcare provider(s)

- Diagnoses and/or treats your medical condition.
- Provides Manulife with medical information as requested to adjudicate your claim.
- Works with other healthcare providers and Manulife to promote your recovery and when possible, to facilitate a safe and timely return to work.

Your employer

- Keeps in touch with you about what's going on at your workplace.
- Creates and maintains a supportive, healthy work environment.
- Assists in return-to-work planning by accommodating modified work programs.

Manulife

- Assesses your claim.
- Assigns a case manager to manage your claim.
- Assigns a Rehabilitation Specialist when appropriate to assist in your return to work.
- Stays in regular contact with you on all aspects of your claim.
- Provides timely, reliable payment of LTD benefits for all eligible claims.
- Answers any questions you may have about your claim.
- Works with you, your employer and healthcare provider(s) to develop a timely return-to-work plan as soon as medically possible.



How To Apply

Step 1: Complete the application forms

The forms required to apply for Long Term Disability benefits are included in this kit. In order for your application to be processed without delay, Manulife requires complete and detailed information. Please read the following instructions before completing the forms.

Long Term Disability Plan Sponsor Statement

Your employer will complete a Plan Sponsor Statement and send it directly to Manulife. This form confirms the details of your LTD coverage and provides information about your job.

Long Term Disability Plan Member Statement

Please complete all sections of the Plan Member Statement. This form provides Manulife with details of your claim and includes a section that you must sign to authorize your doctor(s) to release information that will support your claim. Some employers ask you to send your Statement to your Human Resources or benefits department, while others prefer that you send it directly to Manulife. Check with your plan administrator to find out where to send your completed application.

Long Term Disability Attending Physician's Statement

Give the Attending Physician's Statement to your doctor to complete. This form, when fully completed, will provide Manulife with medical evidence, which is necessary to support your claim for disability benefits. Your doctor can send the completed form and medical reports directly to Manulife, or return them to you to forward on to us. You should follow up with your doctor to ensure that all sections of the form have been completed and sent to Manulife with copies of all reports related to your disabling condition (e.g. x-rays, scans, blood work or other test results and specialist consultations).

Your doctor may charge you a fee to complete this form. This fee is not covered under your group benefits plan.

Step 2: A Manulife case manager will contact you.

Once we receive the necessary forms, a case manager will review your application. Your case manager will call you to gather any missing information, discuss your claim, and

answer any questions you may have about the process. If you are unable to communicate by phone for any reason (e.g. hospitalized, language barrier) Manulife will make other arrangements to communicate with you.

Step 3: Manulife will notify you of the decision on your claim.

After all the required information has been gathered, your assigned case manager will review your claim to determine your eligibility for benefits based on your group benefits contract.

If your claim is approved, you will receive a letter advising you of the amount of your monthly benefit and the expected duration for which your claim will be paid. The letter may include your initial cheque covering any amounts due to you since the date you became eligible for benefits, or you may receive this cheque separately. You will also be provided with details of what to expect from the ongoing claim process.

If your claim is denied, you will receive a letter explaining why you did not qualify for benefits. Should you disagree with Manulife's assessment of your claim for LTD benefits, you can appeal the decision within 60 days of the date of the decision letter. Your appeal must be in writing and should include new information to support your request to reassess your claim. Any costs for obtaining new information, such as test results and medical reports would be at your expense.

Step 4: If your claim is approved, your eligibility for LTD benefits will be reviewed on a regular basis.

Periodically we will ask you and/or your healthcare provider(s) to provide us with an update on your medical condition. During these reviews, your case manager will:

- Review your claim to see whether the updated information continues to support eligibility for benefits under your group benefits contract.
- Look for opportunities to begin an active return-to-work program.
- Advise you of any changes in your benefits.

Benefit Payments

How much will my LTD payments be?

Monthly LTD payments are usually based on a percentage of your income at the time you first became disabled. Your group benefits booklet or your plan administrator will explain what percentage your plan covers.

The amount of LTD benefit you receive from Manulife may be reduced by other sources of income as defined by your group benefits contract. Therefore, we need to know about any other sources of income – not only when your claim is first approved, but on an ongoing basis. The income you must report to us includes, but is not limited to:

- Disability payments from any government plan or program (e.g. Workers' Compensation, Employment Insurance).
- Disability benefits payable under any other insurance plan.
- Canada or Quebec Pension Plan disability benefits.
- Any payments or retirement benefits paid to you by your employer from any pension plan.
- Employment income.

Your case manager can provide further explanation as required.

Do I qualify for Canada Pension Plan (CPP) or Quebec Pension Plan (QPP) benefits as well as LTD benefits?

Manulife does not determine whether you qualify for CPP/QPP benefits. There is a separate application process for these benefits. The CPP/QPP office of Human Resources Development Canada adjudicates applications for CPP/QPP benefits.

As CPP/QPP benefit payments are part of your total benefit calculation, Manulife may ask you to apply for these benefits once you have been approved for LTD benefits.

If your CPP/QPP claim is approved while you have been receiving LTD benefits, it could result in an overpayment in LTD benefits. You should advise Manulife as soon as you have been approved for CPP/QPP benefits so that we can re-calculate your LTD benefit amount as soon as possible to avoid a large overpayment. Also, because Manulife makes payments to you while CPP/QPP is being considered, a portion of your first CPP/QPP payment may be owed to Manulife. Please contact your Manulife case manager before cashing your initial CPP/QPP cheque.

When will I receive my LTD payments from Manulife?

Payment frequency can vary depending on the terms of your benefits contract, but most often they are issued on a monthly basis. Payments are made by cheque or direct deposit and issued at the end of each month during which you are eligible for benefits. Choosing to have your payments made by direct deposit can help ensure regular on-time benefit payment, by avoiding mail delays. Your case manager will explain the payment details for your claim.



How long will my LTD benefit payments last?

Most plans specify a maximum number of weeks or months for which benefits can be paid, and/or a maximum age.

Your payments will continue for the period during which you satisfy all the terms of your group benefits contract including the definition of “disability”, or until you have satisfied the maximum benefit period as specified in your contract.

What is the tax status of LTD payments?

The tax status of your LTD payments depends upon who paid the disability insurance premiums – you or your employer. If you are not sure, your employer can provide the answer to this question.

If you paid 100% of the insurance premiums, then

- Payments you receive are not taxable.
- Manulife will not issue tax slips.

If your employer/plan sponsor paid ANY portion of the insurance premiums, then

- Payments you receive are subject to income tax.
- Manulife will issue a T4A slip on an annual basis.

Returning To Work

When is the right time for me to return to work?

In order to promote recovery, it is important to maintain as normal a routine as is medically possible. Given that work is part of a normal routine, it is important to return to work as soon as you are healthy enough to do so. Returning to work doesn't always mean you are home one day and back to work the next. Sometimes a gradual return to work is best when you've been off work for a long period of time. Your case manager will work with you, your employer and your healthcare provider(s) to develop a modified return-to-work program that takes into consideration your job duties as well as what you are capable of doing as a result of your disabling condition.

What if I can't return to my own job?

A Rehabilitation Specialist will be assigned to you, if you have difficulty returning to your regular work, or if returning to your regular work is not medically possible. Your Rehabilitation Specialist will work with you and your employer to find potential job opportunities that are appropriate to your situation. If you are unable to return to your own job or another job with your own employer, your Rehabilitation Specialist will assist you in preparing to seek employment with another employer.

