

If you're ill or injured and are unable to work, this guide can help you avoid potential delays on receiving your IBEW Local 353 disability benefits. It explains what forms need to be filed and what is expected of you as a claimant.

This guide also provides information on your benefit payments and how Canada Life helps you safely return to work.

Disability benefits provide eligible members of IBEW Local 353 with partial income replacement while they are recovering from an injury or illness and are unable to work. If approved, short-term disability (STD) benefits are equal to 75% of your weekly earnings, to a maximum of **\$750** per week (less applicable taxes), payable for 26 weeks. STD benefits are paid on a weekly basis.

What is expected of you

When applying for IBEW 353 disability benefits, you are the central player. Submit your forms as soon as possible but no later than 90 days from the date you become disabled. Follow these steps and save yourself time and possible frustration when applying for IBEW Local 353 disability benefits:

1. Seek medical treatment immediately (or as soon as possible).
2. Notify the union hall and ask for the disability application form.
3. Avoid delays by ensuring your application is properly prepared.
4. Ensure it includes the physician's statement (including clinical notes and relevant test results).
5. When the entire application form is complete, sign it and return it to the union hall for submission to Canada Life.
6. Canada Life will assess your claim and contact you directly with a decision on whether they have approved your claim.
7. You be under the care of an appropriate medical practitioner and receiving appropriate care and treatment for your condition while.
8. If a disabling injury occurs while at work, or is a compensable work related injury, you will also need to apply for benefits from the Workplace Safety Insurance Board (WSIB).
9. Ensure you notify the Dispatch office at the Union Hall to let them know that you are filing a disability claim. Remember to notify them when you are back to work.

Injuries suffered in a motor vehicle accident are covered by your motor vehicle insurance company, not the IBEW Local 353 benefit plan.

Eligibility

To be eligible for disability benefits, you must have worked within 91 days of the disability, meet the definition of disability, and must have earned at least:

- 100 bank hours in the 180 days just before the day your disability began (including periods between different disabilities).

Your 4 Steps for Making a Disability Claim

1. Notify the union hall

After seeking medical treatment for your injury or illness, contact the union right away. The staff at the hall will help you with the application process. They will confirm your eligibility based on your work history and provide you with the forms for you and your doctor to complete.

You have 90 days from the beginning of your injury or illness to submit your application for disability benefits.

Staff at the union hall will complete a Plan Sponsor's Statement form to attach to your claim. You will also need to notify the Union Dispatch office that you are filing a disability claim.

2. Be sure to include the physician's statement with clinical notes and test results

Your claim for disability benefits can't be assessed without the physician's statement, copies of their clinical notes, and any test results completed, included with the application form.

You are responsible for the fees charged by your physician for completing the application form. You can get reimbursed up to \$300 under the plan for eligible fees related to a doctor's certification of disability and their providing of documents. Make sure you get a receipt for any charges and submit a claim for them to Canada Life just like you would a normal benefit claim. It's not submitted with your disability claim.

3. Assessing your claim

Canada Life will send you an acknowledgement letter after receiving your application for disability benefits. The letter will provide more details on how long it will take to have your claim assessed.

The decision concerning your claim for disability benefits is sent to you by letter from Canada Life. If your claim is approved, Canada Life will explain your payment amount and the duration of payments.

4. Injured at work

If the injury occurs while at work, or if you believe it resulted from your work, you should advise your employer and apply for benefits from the WSIB. Your employer is also required to submit a report. The WSIB website provides a helpful overview of the application process, www.wsib.on.ca. WSIB claim information is also available on the IBEW Local 353 website under the WSIB tab.

Apply for disability benefits under the IBEW Local 353 benefit plan at the same time. This will protect your eligibility for these benefits if your WSIB claim is denied or if the claim provides less than the maximum benefit to which you may be entitled under the benefit plan. If you wait to hear from WSIB and are denied, the 91-day application period under the benefit plan could expire as you wait.

Reminder: If you are receiving disability payments from Canada Life and later receive payments from WSIB for the same period, there are tax implications due to an overpayment of benefits from your disability claim. You will have to pay back Canada Life for any overpayments. Canada Life will work with you on a repayment plan for any overpayments if you can't make a lump sum payment.

Denial of disability benefits

Denials

Insurance companies may deny disability benefits for a number of reasons, including if the information they receive is not enough for them to determine whether you are totally disabled from your job. In this case, it's important for you to read the letter they send you as it will contain the reasons why they did not approve your claim. You can appeal their decision by providing more medical information provided by your treating physicians, especially your specialist if you have one. The types of information that are helpful are:

- Diagnosis (including DSM V Multi-Axial Evaluation for Psychiatric Conditions),
- Treatment program,
- Tests undertaken and any follow up required,
- Medications being taken and their dosages,
- Severity of symptoms,
- Limitations and restrictions and how they prevent you from working,
- Prognosis as it relates to employment, and
- Copies of Clinical Notes from the date of disability onward.

Appeals

If your claim is denied the letter from Canada Life will explain the reason. The phone number for your disability case manager will be included in your denial letter or your original acceptance letter. Contact them directly regarding information on your disability claim. If you miss the deadline to submit your claim, you may appeal this decision to the Board of Trustees outlining the reasons for the missed deadline. Appeals may be granted by the Trustees in rare and exceptional circumstances that do not involve excessive delay.

If you applied for WSIB and were denied, and believe the WSIB has erred in their decision, contact the union at 416-510-3530 to discuss whether an appeal of their decision may be warranted.

Other details

Offsets to payments

Any STD benefits you receive under the benefit plan will be reduced by the amount of your WSIB benefits and your Canada Pension Plan/Quebec Pension Plan (CPP/QPP) disability benefits (if applicable).

If your short-term disability turns into a long-term disability (LTD), benefits you receive under the long-term disability benefit plan will be reduced by the amount of your WSIB benefits only. CPP/QPP benefits are not offset under the long-term disability plan. There may also be other offsets, including, income provided under any other group insurance or group prepayment plan. Before any disability benefits begin, you must complete an assignment of benefits or authorization form required by Canada Life.

This allows the plan to communicate with CPP/QPP or WSIB and recover any over payments of disability benefits. If approved, LTD is equal to 75% of your pre-disability earnings up to a maximum of **\$3,400 per month** (less applicable taxes). LTD benefits are paid retroactively monthly.

Other details continued

Rehabilitation

To help you return to work as soon as possible, your Canada Life case manager may involve a rehabilitation consultant. Their role is to work with you and your doctor to develop a program of treatment or activities to get you healthy again. This may involve having you participate in a “work reconditioning program” which is designed to get you into physical shape to return to work. You are required to make all reasonable efforts to participate in these programs otherwise Canada Life may withhold or discontinue your benefit payments.

Duration of Disability Benefits

If approved, disability benefits are payable so long as you continue to meet the definition of totally disabled, up until age 62. You are considered totally disabled if you have an illness or injury that prevents you from performing the essential duties of your own job during the first 26 weeks (STD period) and the next 24 months (LTD own occupation period). After that, you are considered totally disabled only if, due to illness or injury, you are unable to perform the duties of any occupation for which you are or may become reasonably qualified by education, training, and experience. If your disability is severe and prolonged and prevents you from performing any type of work, you should apply for CPP disability benefits. These benefits will increase your income and will not be offset from your LTD payments.

Did you know?

As a member of IBEW Local 353 you have access to a dedicated and direct line at Canada Life for all your questions related to prescription drugs, medical, dental and vision claims — toll-free at 1-844-232-4239.

Questions? You can email us at members@teibas.com or call us at 416-637-6789, toll-free: 1-800-267-0602.
We're here to help!

Disclaimer: This brochure was prepared on behalf of the Trustees of the IBEW Local 353 Trust Funds. It provides summary factsheet information about the IBEW Local 353 disability plans in plain language. This publication is not intended to provide advice. If there is any discrepancy between this document and the legal documents that govern the plans, the legal documents will apply. The Trustees expect to maintain these benefit plans indefinitely. However, they reserve the right to change or cancel any or all benefits under the Health and Welfare Plan.

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