

# A Step-by-step Guide to the Disability Claim Process

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It is common in a workplace that some employees will become unable to work due to illness or injury. Employers understand this and have programs in place to assist employees, both medically and financially, until such time as they are able to return to work.

If you have questions about your Disability Insurance (DI) Plan you may contact your departmental Human Resources and/or your bargaining agent representative. You may also consult the following website:

[http://www.tbs-sct.gc.ca/hr-rh/bp-rasp/benefits\\_avantages/dip-rai/dip-rai-eng.asp](http://www.tbs-sct.gc.ca/hr-rh/bp-rasp/benefits_avantages/dip-rai/dip-rai-eng.asp)

## What are DI Benefits

The Federal Government DI Plan is designed to replace a portion of lost income if you become “totally disabled” for a prolonged period.

If you are totally disabled and feel you qualify for benefits under the DI Plan, you must complete a claim form. You must also provide medical information that Sun Life Assurance Company of Canada (Sun Life) requires in order to assess your claim.

The process is not adversarial but you are responsible to provide information to verify your disability. This will be used to consider your claim, rehabilitation, and recovery needs. All parties involved strive for a quick and safe return to work.

## What does Totally Disabled mean?

### *First 24 months*

“Totally disabled” means that you have an illness or injury that prevents you from performing each and every duty of your regular occupation.

### *After 24 months*

“Totally disabled” means that your illness or injury prevents you from performing the duties of a “commensurate occupation”. A “commensurate occupation” is any occupation for which you are either qualified, or could become qualified by education, training or experience, and that would earn you at least 66 2/3% of your pre-disability salary.

could result in an overpayment of Sun Life benefits. If this occurs you are responsible for reimbursing Sun Life the full amount you have been overpaid.

### **What is Vocational Rehabilitation?**

Sun Life and the Federal Government believe that work is healthy and important to recovery. Vocational rehabilitation focuses on what is needed to prepare for your early and safe return to work, taking into account your abilities and restrictions. Your return-to-work plan could include, for example, graduated return to work and/or a return to modified or part-time duties to help you adjust. Should your return to work require specific vocational expertise, a Health Management Consultant (HMC) may become involved to assist with coordinating your return to the workplace. In partnership with the ACM, the HMC would work with you, your employer, and your health care providers to create your return to work plan. The earlier a plan is incorporated into your overall recovery and treatment program, the easier your successful return to work will be. The HMC may access a variety of career and vocational rehabilitation services to provide you with a complete return to work program.

### **What if my claim is denied?**

If your claim is denied, you will be advised in writing. You will be provided with details of what information is needed to appeal the decision. There are two opportunities within Sun Life to appeal the decision on your claim.

**1st Appeal** – The ACM will review the new information that you provide. If it is not sufficient to change the decision, your claim will be forwarded in its entirety to the next level of management. They will review the ACM's findings, and if the decision remains unchanged, will issue a letter that will explain the decision and indicate the information needed to appeal to the 2nd level.

**2nd Appeal** – The Sun Life Management Unit will review the new information that you provide. If it is not sufficient to change the decision, your claim will be forwarded in its entirety to the next level of management. They will review the Sun Life Management Unit's findings, and if the decision remains unchanged, will issue a letter that will explain the final decision. If your claim remains closed, this completes Sun Life's internal appeal process.

**STEP 1**  
**CLAIM IS RECEIVED**  
**BY SUN LIFE**

Sun Life receives the following fully completed forms:

- a) Employee Statement (TBS/SCT 330-302)
- b) Employer's Statement (TBS/SCT 330-303)
- c) Employee's Medical Information and Attending Physician's Statement (TBS/SCT 330-304)

Within five business days of receiving your claim forms above, Sun Life will acknowledge receipt to you and begin evaluating your claim.

**INCOMPLETE INFORMATION**

If a decision cannot be made on your claim due to lack of information, Sun Life will notify you by letter and send a copy to your department.

**STEP 2**  
**CLAIM IS REVIEWED**

Within ten business days of your claim forms, Sun Life will assess your claim to determine if you are eligible for disability benefits.

- Claim is approved, GO TO STEP 3.
- Claim is denied, GO TO STEP 2A.

**STEP 2A**  
**CLAIM IS DENIED**

You will be advised in writing. You will be provided with details of what information is needed to appeal the decision.

See STEP 2B.

**STEP 3**  
**CLAIM IS APPROVED**

Sun Life will send you a letter providing all calculations, the date your benefits will start and how much you will receive.

See "How and when are payments made once the claim is approved" on page 37 above.

**STEP 4**  
**VOCATIONAL REHABILITATION**

Vocational rehabilitation focuses on what is needed to prepare for your early and safe return to work, taking into account your abilities and restrictions.

See "What is Vocational Rehabilitation" on page 38 above.

**STEP 2B**  
**THE APPEAL PROCESS**

**1st Appeal** - Sun Life will review the new information that you provide and if the decision remains unchanged, will issue a letter that will explain the decision and indicate the information needed to appeal again.

**2nd Appeal** - Sun Life will review the new information that you provide and if the decision remains unchanged, will issue a letter that will explain the final decision. If your claim remains closed, this completes Sun Life's internal appeal process.

See "What if my claim is denied?" on page 38 above.

- Claim is approved, GO TO STEP 3.
- Claim is declined. You may request independent review by DI BOM

See "The Appeal Process" on pages 37-38 above.

Sun Life Assurance Company of Canada (the Insurer) and The Treasury Board of Canada are pleased to provide this outline of the claims process for your Disability Insurance Plan.

FOR MORE INFORMATION

Call our toll-free number: 1-800-361-5875  
or FAX our toll-free number: 1-866-639-7849