Disability Income Benefits Employee Statement Guide

How to apply for disability benefits

Notify Canada Life of your disability as soon as possible:

- Complete the attached Employee statement and consent form
- Mail, fax or email your completed Employee statement, consent form and any other information you'd like us to have, to the Canada Life Disability Management Services Office (DMSO). Fax and email information is available on our website at **canadalife.com**, from your employer, or you can contact us at **1-855-755-6729** for assistance.

Your signature on the claim form and the consent is needed to make sure you understand the purpose and benefits of your claim and provides Canada Life permission to get additional information from:

- Your employer
- Other insurers
- Your doctor and other healthcare providers

Send these forms to Canada Life 8 weeks before the end of the waiting period if applying for long term disability, or within 10 days of the disabilty date if applying for short term disability, to make sure your claim is handled as soon as possible.

Why we need medical information

Medical information is needed to understand how your condition(s) prevent you from working. Please have your healthcare provider complete the **Attending Physician's Statement**. The completed form can be sent to us directly.

Information from your employer

Your employer will complete an Employer Statement confirming your employment details and job information to help us assess and administer your disability claim. Your employer will send the completed form to Canada Life directly.

Your responsibilities

Remember to:

- Keep in touch with your employer, co-workers and Canada Life during your recovery.
- Set goals to help work towards recovery.
- Stay active. Look after yourself.

Talk to your healthcare providers about return-to-work planning. Recovering while at work can be a healthy option. Canada Life supports early return to work opportunities and will work with you to help plan for a healthy future.

Disability Income Benefits
Employee Statement

To begin your claim submission:

- Complete the Employee Statement and consent form
- Have your healthcare provider complete a physican's statement
- Submit forms 8 weeks before the end of the waiting period if applying for long term disability, or within 10 days of the disability date if applying for short term disability or early referral services. Benefits may be delayed if your claim is received late, or may be denied if the claim is submitted later than the notice period in your group contract.

NOTE: Canada Life takes the submission of fraudulent claims seriously and will verify the accuracy of the information given in support of your claim.

☐ **I certify the information given on this claim form is true, correct, and complete to the best of my knowledge.**

Your employer's name: _____

Your group plan number: _____ Your Canada Life ID number: _____

Your personal information

First Name: _____ Last Name: _____

Gender: ☐ Male ☐ Female ☐ Undisclosed ☐ Other Date of Birth (yyyy/mm/dd): _____

Social Insurance Number: _____

Your Social Insurance Number is required as your disability benefit may be subject to income tax deductions.

Home Address: _____

City / Town: _____ Province / Territory: _____ Postal Code: _____

Work location (City / Town and Province / Territory): _____

Home Phone : _____ ☐ Confidential

Cell Phone: _____ ☐ Confidential

Check the confidential box if you authorize us to leave a message containing personal information about your claim at that number. Otherwise, we will only leave a personal message with callback information at that number.

Email Address: _____

Enter your email address if you would like Canada Life to communicate with you by secure email about your disability claim.

Your employment information

What was your last day of work (yyyy/mm/dd): _____

What was the first day you were unable to work (yyyy/mm/dd): _____

Have you returned to work? ☐ No ☐ Yes **If yes,** when did you return? (yyyy/mm/dd): _____

I returned to (select all that apply): ☐ Regular duties and hours ☐ Modified duties ☐ Modified hours

If no, when do you expect to return? (yyyy/mm/dd): _____

OR ☐ Unknown **OR** ☐ I'm not planning to return

What aspects of your job are you able to do?

_____

_____

During your absence, have you performed any **other** work? ☐ No ☐ Yes. If yes, describe:

_____

Your medical information

What is/was the medical condition causing your absence from work?

_____

Is your condition work related? ☐ No ☐ Yes. **If yes,** Worker's Compensation case number: _____

Is your condition the result of an accident? ☐ No ☐ Yes **If yes:**

When and where did the accident occur? (yyyy/mm/dd): _____

Provide details of the accident:

_____

_____

Was the accident motor vehicle related? ☐ No ☐ Yes. **If yes,** in what province did your accident occur? _____

Your treatment information

Were you admitted to a hospital? ☐ No ☐ Yes Hospital name: _____

Date admitted (yyyy/mm/dd): _____ Date discharged (yyyy/mm/dd): _____ **OR** ☐ Still hospitalized

Have you had surgery since being off work, or is surgery planned? ☐ No ☐ Yes

Date of surgery (yyyy/mm/dd):_____ Type of surgery: _____

Other treatment (crutches, physiotherapy, medication, etc.):

_____

_____

_____

Primary healthcare provider:

Provider's name: _____ Specialty: _____

Address: _____

Phone number: _____ When did you begin seeing this provider? (yyyy/mm) _____

Do you have other healthcare providers related to this claim? ☐ No ☐ Yes **If yes,** provide details.

Provider's name: _____ Specialty: _____

Address: _____

Phone number: _____ When did you begin seeing this provider? (yyyy/mm) _____

Provider's name: _____ Specialty: _____

Address: _____

Phone number: _____ When did you begin seeing this provider? (yyyy/mm) _____

Please attach a separate sheet if additional space is required

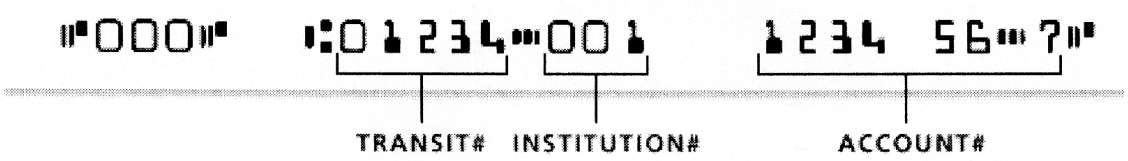
Direct deposit

Provide your banking information below or attach a void cheque if you would like your disability benefits to be deposited directly into your bank account.

If this space is left blank, previously provided banking information for other benefits under this group plan (i.e. Healthcare or Dentalcare) will be used for any disability income benefits payable.

Name of bank/credit union: _____

Transit number: _____ Institution number: _____ Account number: _____



Your financial information

Any income you receive must be reported to Canada Life. Have you applied for, or are you receiving any income either as a result of your disability or otherwise? (check no or yes):

	Applied for	Receiving	Gross Amount	Start Date
• Canada Pension Plan/Quebec Pension Plan:				
o Disability Benefits	☐ No ☐ Yes	☐ No ☐ Yes		
o Dependent Benefits due to your disability	☐ No ☐ Yes	☐ No ☐ Yes		
o Retirement Pension	☐ No ☐ Yes	☐ No ☐ Yes		
o Other (please specify) _____	☐ No ☐ Yes	☐ No ☐ Yes		
• Worker's Compensation Board (or similar benefits)	☐ No ☐ Yes	☐ No ☐ Yes		
• STD or sick leave benefits	☐ No ☐ Yes	☐ No ☐ Yes		
• Other income (such as Auto Insurance benefits, Employment Insurance, Pension Plan)	☐ No ☐ Yes	☐ No ☐ Yes		
Please specify _____				
• Self-employment or other employment income.	☐ No ☐ Yes	☐ No ☐ Yes		

If you answered yes to any of the above, attach a copy of the initial benefits statement or payment details for each type of income.

Other coverage

Other than the benefits you are applying for here, please indicate if you have other insurance coverage with Canada Life or another insurance carrier:

	Plan/Policy #	Insurance Company
☐ Individual Disability Insurance:		
☐ Individual Life Insurance		
☐ Creditor / Loan Insurance		
☐ Critical Illness Insurance		
☐ Guaranteed Standard Issue		

NOTE: *If you have Guaranteed Standard Issue coverage with Canada Life, this form will be used as notice of claim for that coverage as well.*

Income declaration and reimbursement agreement

I understand that:

- I am required to apply for disability benefits that I or another member of my family might become entitled to receive because of my disability, and that I may be asked by Canada Life to reapply or appeal decisions refusing my application(s) where considered appropriate.
- During the time it takes for my application for these other disability benefits to be accepted, or my entitlement to any other reportable income to be reviewed, Canada Life will continue paying me amounts equivalent to the disability benefit payments under the Group Plan (the “Advance”). The terms “other disability benefits” and “other reportable income” refer to any of the types of disability benefits and other income mentioned under the Offset, All Source Maximum, Coordination of Benefits and Subrogation and Right of Recovery provisions under the Group Plan, as well as any other amounts including damages for loss of income, that I may receive or become entitled to receive as a result of my disability.
- If I am entitled to receive disability benefits or any other reportable income, this may result in an overpayment (“Overpayment”) that I will be required to pay back to Canada Life. I specifically give up my rights under any law that qualifies the Advance, the Overpayment, the other disability benefits, or any other reportable income, as property exempt from seizure.
- Canada Life may reduce my disability benefit payments by the amount of other disability benefits or other reportable income that I receive or become entitled to.

I agree to:

- Notify Canada Life within 15 days of receipt of other disability benefits payments or any other reportable income.
- Repay Canada Life within the time frame Canada Life advises me of after I am notified of the Overpayment amount or within a longer period if Canada Life agrees in writing. I understand that if the Overpayment is not repaid when due, Canada Life may take all necessary steps to recover the Overpayment, including withholding the payment of, or recovering the Overpayment from, any benefits payable under the Group Plan.

Declaration

By signing this form, I declare the information I’ve entered is accurate. I understand and agree to the terms in the Income declaration and reimbursement agreement section. I also acknowledge that I need to print, sign, and submit my Consent form to Canada Life.

Date of birth (yyyy/mm/dd)	Telephone Number	Date signed (yyyy/mm/dd)
Your name (please print)	Signature X	
Enter your email address if you would like Canada Life to communicate with you by secure email.		

Group disability privacy disclosure

Protecting your personal information

At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information

Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with

We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information

We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your online account or by submitting a request through our privacy centre at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.

Your consent

Sharing your personal information

Before we can process your claim for benefits, you must read this agreement and sign in the signature box below.

We collect, use and disclose your personal information to:

- Investigate and assess your claim(s) under the group benefits plan
- Administer your claim and the group benefits plan
- Work out a rehabilitation plan to get you back to work
- Audit the assessment of the claim
- Manage internal data for analytics purposes

We may also use your social insurance number for income tax reporting if this is required in the administration of your benefits.

We may collect and exchange your personal information with these persons or groups when relevant and necessary for the purpose above:

- Healthcare and rehabilitation providers
- Insurance and reinsurance companies
- Administrators of the plan, of government benefits and of other benefit programs
- Your employer, plan sponsor and plan administrator, for the purpose of discussing return to work planning
- Your union representative
- Your employer's occupational health services
- Service providers and other organizations working with us, or on behalf of the other parties mentioned above. We may use service providers outside Canada.
- An auditor authorized by us, your employer, plan sponsor or their agent

Privacy consent, authorization and declaration

✓ I have read, understand and agree with the contents of this form and authorize Canada Life to collect and exchange my personal information.

✓ I understand that my personal information will be collected, used and shared as set out above.

✓ Except for audit purposes, my authorization is valid for the duration of my claim or until I cancel it in writing.

✓ All statements I have made about my claim are true and complete.

✓ A photocopy or electronic copy of this authorization is as valid as the original.

Date of birth (yyyy/mm/dd)	Telephone Number	Date signed (yyyy/mm/dd)
Your name (please print)	Signature X	
Enter your email address if you would like Canada Life to communicate with you by secure email.		

Clear