

How to apply for Long Term Disability

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What happens if you are injured so severely that you are not able to work for an extended period of time? What do you do if you develop an illness or condition caused by your work, so that you are no longer able to work?

If you are a regular full-time or regular part-time HSA member covered by the Paramedical Professional Collective Agreement, you are eligible for Long Term Disability benefits as a condition of employment. Your coverage takes effect on the day after you have completed your three-month probationary period.

How do I qualify for LTD benefits?

- You must be eligible for coverage and make a claim.
- You must have been disabled and unable to work for five months.
- You must be under the care of a doctor.
- You must have sufficient medical evidence to support your claim.

What does "disabled" mean?

"Disabled" means you are unable to work because of accident or sickness. For the first two years of your claim (29 months from the last day of work), you will be "disabled" if you cannot do your own job. This is called the "own occupation" period of disability.

After two years of receiving benefits, "disabled" means that you are not able to do any job, for which you have the education, training or experience, that pays 70 per cent or more of the current rate of pay of your pre-disability job.

This is called the "any occupation" period of disability. If you are no longer eligible for ongoing LTD benefits after a period of total disability for which you received benefits, you may still be eligible for a Residual Monthly Disability Benefit.

When should I apply for benefits?

It is recommended that the application for Long Term Disability benefits be submitted during the fourth month of the five-month qualifying period.

In any event, the application must be submitted no later than 45 days after the end of the qualifying period, i.e., five months and 45 days after the last day worked.

How do I apply for benefits?

The LTD application package can be obtained from the Human Resources or Personnel Department at your workplace. The package contains information brochures and instructions for filing an application for benefits.

There are three sets of forms to be completed as part of the application: one set is completed by the employee,

one set by the employer, and a third set by the employee's physician.

If the employee is receiving treatment from both a family physician and a medical specialist, it is recommended that the form be completed by the specialist.

If my claim is approved, what benefits am I entitled to?

You are entitled to 70 per cent of the first \$4,500 of the pre-disability basic monthly earnings plus 50 per cent of earnings in excess of \$4,500 ... or 66 2/3 percent of pre-disability earnings ... whichever is greater.

What if my claim is denied?

If a claimant's application for LTD benefits is denied, or terminated after benefits were received for a period of time, there is a process to reconsider claims and appeal to a Claims Review Committee. It is recommended that you seek the assistance of the LTD Advocate at the HSA office when pursuing a reconsideration or appeal.

Special items of note

1. If an employee still has sick leave left at the completion of the five-month waiting period, she/he has three options:

(a) continue to use sick leave credits until they are exhausted, and then receive LTD benefits. Be aware that choosing this option does not extend the 29-month "own-occupation" time frame. The 29-month clock starts running from the date of disability, regardless of whether you elect to start collecting them at that time or after your sick leave benefits are exhausted;

(b) apply sick leave credits to "top-up" LTD benefits; or

(c) maintain accumulated sick leave credits for future use.

2. Medical, dental and extended health benefits will continue if you elect to pay 50 per cent of the premiums. The LTD plan will pay the remaining 50 per cent. If you elect this option, you must pay the premiums in advance on a monthly basis.

3. If an employee is receiving, or applying to receive, WCB benefits for a severe and prolonged disability, it is strongly recommended that she/he apply for long term disability benefits at the same time.

4. If your condition is prolonged and severe it is a requirement that LTD claimants also submit a claim to the Canada Pension Plan for disability benefits. It is recommended that the CPP application be submitted at the same time as the LTD application is submitted. (Bear in mind that LTD payments will be reduced by other disability income that you receive for the same disability ... CPP, WCB or ICBC and if you receive an award retroactively, you may have to repay all or some of the award to the LTD Trust).

5. If the application for LTD is approved, and the employee is receiving WCB benefits, the LTD claim will be held open but in abeyance in the event the WCB benefits are terminated. If WCB benefits are terminated, the employee should immediately contact the insurance company to activate the LTD claim.

If an employee's WCB claim has recently been terminated, and she/he has not yet applied for LTD benefits, that employee has 45 days from the date of termination of benefits, or the date of the letter advising of termination of benefits (whichever is later) to submit an application for LTD benefits.

For additional information on this plan, please refer to the HSA LTD Plan Trust #2 as set out in Appendix 16 of the Paramedical Professional Collective Agreement. For related information on WCB claims, please see [What should you do if you get sick or are injured at work?](#)

The Health Benefits Trust, which administers the LTD Plan Trust #2, is currently developing a detailed plan brochure. This will be distributed to eligible HSA members as soon as it becomes available.

For further information on this or any other LTD plan, contact Alison Hietanen at the HSA office.

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