

When do I need to submit my claim?

Every insurance contract has a time limit for submitting short- and long-term disability claims. But no matter what the timeframe is, it's always best to send it as soon as possible. There's no reason to wait – and the earlier you start the process, the sooner you'll start receiving payments.

Type of insurance	We recommend you submit your claim...
Short-term disability	Within 10 days of the last day you worked
Long-term disability	No later than four weeks before you become eligible for long-term benefits If you've already submitted a short-term disability claim, you don't need to submit a new claim.

- How do I submit a claim?**
- 1. Tell your plan administrator** that you'll be off work. They'll fill out the *Employer Statement* and send it to us.
 - 2. Fill out the *Employee Statement*** and send it to us as soon as possible. The various ways of sending it to us are explained on the form.
 - 3. Give your doctor the *Initial Attending Physician's Statement*** that applies to your specific situation and province, and ask them to fill it out and return it to us as soon as possible.

NOTE

All disability forms can be downloaded from desjardinslifeinsurance.com/disability.

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For plan members

Disability claims

YOUR GUIDE



We're here for you

We know you're going through a difficult time right now. We'll do everything we can to make the claims process easier for you.

We've prepared this pamphlet to guide you through the steps, answer your questions and help you get well again.

One step at a time

Health problems affect more than just your ability to work—they can turn your whole life upside down. We can help you **every step of the way** on your road to recovery.

We will give you financial support and refer you to the resources you need to get back on your feet. And, when you're ready, we'll help you plan a safe and successful return to work.

Am I eligible for benefits?

You're eligible for disability benefits if you meet these **four criteria**:

- You're covered under a valid disability insurance plan
- You're ill or you've had an accident
- You're under the continuous care of a doctor
- You're unable to work because of your physical or mental health, as defined in your contract (referred to as totally disabled)



Speed up the process!

We need **three completed forms** to process your claim: your plan administrator's, your doctor's and yours.

Here's what you need to do:

- **Fill out the *Employee Statement* and send it to us right away.** Don't wait for your doctor's or your plan administrator's forms.
- **Check in with your doctor** to make sure they've sent us the completed form. If you haven't given them the form yet, don't wait for your next appointment; give it to them as soon as possible.

Don't worry about following up with your plan administrator—we'll take care of that for you.

When will I know if my claim has been approved?

Once we've received all the completed forms, we need a few days to go over your claim. Here's how long it usually takes to process a claim:

Type of claim	Processing time
Short-term disability	5 business days
Long-term disability	10 business days

While we're reviewing your claim, we may call you to find out more about what caused your disability and if there's anything that can be done to help you get better. We may also ask health professionals or disability prevention and management specialists for their input.

One thing you can count on: whether we've approved or denied your claim, **your claims specialist will get back to you quickly** to let you know. We'll also confirm our decision in writing.

Will my medical information be shared with my employer?

No. The only things we'll share with your employer are:

- Whether you're eligible for benefits
- Your return-to-work plan
- What they need to know to make your return to work easier (your functional limitations, etc.)

If your claim is approved

When will my benefit payments start?

We'll start depositing your benefit payments in a bank account of your choice as soon as your claim has been approved.

One-of-a-kind personalized support

You'll always have the same claims specialist, no matter how long you're off work. We want to make sure that you don't have to tell your story over and over again to different people and that you have someone you trust with you every step of the way. The better your claims specialist knows you, the easier it'll be for them to find the right solutions to get you back on your feet again. We're the only insurance company that offers this kind of support—and we're proud of it!

Who does what?

We have to work as a team to help you get healthy again and ensure your return to work goes smoothly. Here's a quick look at who does what:

 **YOU**

- Fill out the *Employee Statement* and send it to us as soon as possible
- Focus on getting well again
- See your doctor regularly and follow the recommended treatment plan
- Send us any new information, like:
 - Change of address or phone number
 - New doctor or treatment
 - Other sources of income
 - Other job, training, volunteer work, vacations, etc.

 **YOUR PLAN ADMINISTRATOR**

- Sends us the completed *Employer Statement*
- Looks for ways to make your return to work easier (flexible schedule, etc.)

 **OUR CLAIMS SPECIALIST**

- Keeps you informed about your claim
- Makes sure you get the benefits you're entitled to
- Makes sure you have access to the resources you need to get better
- Helps you with your return to work, when you're ready

 **YOUR DOCTOR**

- Diagnoses and treats you
- Provides us with the medical information we need as soon as possible so we can determine whether you're eligible for disability benefits

Questions?

We're here to support you while you're on leave.

If you haven't found the answers you were looking for in this guide, have a look at the FAQs on our website at desjardinslifeinsurance.com/disability.

TIP

During the waiting period, you may qualify for a salary continuance program or employment insurance benefits. Contact your plan administrator to learn more.

