



LOCAL 183 MEMBERS' BENEFIT FUND
APPLICATION FOR SHORT TERM DISABILITY BENEFITS



1263 Wilson Avenue, Suite 302 | Toronto, Ontario | M3M 3G3
Tel: 416-240-2104 | Toll Free: 1-866-315-6011 | Fax: 416-240-7047
Email: memberhealthservices@liunacare183.ca | liunacare183.com

Short Term Disability Benefits

How to apply for short term disability benefits?

- 1. Ensure you meet the eligibility requirements for this benefit listed below
- 2. Complete the Member Statement (page 1) of the Application for short term disability benefits
- 3. Ensure your current employer completes the **Employer Statement** (page 2)
- 4. Ensure the physician overseeing your medical care completes the Attending Physician Statement (page 3)
- 5. Obtain a record of employment (ROE) from your employer and apply for **Employment Insurance (EI) Sick Benefits**. If you require assistance in applying for EI benefits, please contact 416-243-6505
- 6. All three (3) sections of the Application form are required to begin assessing your claim
- 7. Return the completed application to LiUNAcare Local 183 Member Health Management Services by



Email: memberhealthservices@liunacare183.ca



Mail or drop-off: 1263 Wilson Avenue, Suite 302 | Toronto, Ontario | M3M 3G3



Fax: 416-240-7047



Questions or assistance, call us at 416-240-2104 or 1-866-315-6011

What are the eligibility requirements?



- You must be a member with plan coverage on the date your disability started
- You must be actively at work on the date you become disabled if you are laid-off, on vacation, unemployed, or not working for any other reason you are not eligible for this benefit



- Employer contributions must have provided your plan coverage on the day you become disabled if your plan coverage was being maintained through self-payments at the onset of your disability, you are not eligible
- You must be under age 70 at the onset of the disability



- Your disability must be a result of a non-occupational illness or non-occupational injury
 - If the injury that prevents you from working was caused by work, you must file a claim with the Workplace Safety & Insurance Board (WSIB) We can assist you with your WSIB application
- If your disability was caused by or contributed by a motor vehicle accident which occurred in the provinces of Ontario or Quebec, this is excluded, and you are not eligible for this benefit
- There are several other exclusions and limitations please refer to the benefit plan booklet



- You must be seen by, treated by, and be under the continued care of a licensed physician in Canada
- You must be diagnosed with a bona-fide medical condition which prevents you from working and performing the essential duties of your pre-disability job
- A maximum benefit of \$100 is payable to you if you incur a medical fee in having your initial physician statement completed, if the claim is approved



- You must be absent from work for more than 7 days (waiting period) to receive this benefit, unless
 - your disability is a result of a non-occupational accident then the waiting period does not apply, or
 - you are hospitalized for at least 18 hours then benefits start on the first day of hospitalization



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Short Term Disability Benefits

How does short term disability work?



- Once we receive your completed application, a Member Health Management Services representative will review your application to determine whether you meet the eligibility requirements for this benefit
- If approved, short term disability benefits are payable at \$500 per week, less tax withholdings



- Note short term disability benefits are integrated with Employment Insurance (EI) sick benefits you are required to apply for this benefit
 - while EI benefits are payable, short term disability benefits are frozen
 - if you do not qualify for EI, short term disability benefits payments will be issued during this period provided you submit supporting documentation of your ineligibility for EI benefits



- If approved, and based on the details of your disability, short term disability benefit payments commence on the earliest of the following
 - the first day absent from work if the disability is a result of an accident, or
 - the first day of hospitalization, or
 - after the end of the El period



During your disability from work, a Member Health Management Services case manager will work with you
and your treatment providers to monitor your progress, ensure access to appropriate medical care, and
coordinate plan benefits and services to promote your recovery until you are fit to return to work



- In order to remain eligible for short term disability benefits, you must
 - remain disabled from working and performing the essential duties of your pre-disability job,
 - remain under the continued care of a licensed physician in Canada,
 - be compliant with all aspects of your treatment plan including attending all recommended assessments, investigations, and treatment,
 - communicate regularly with your Member Health Management Services case manager and comply with any necessary requests required for the ongoing assessment and management of your claim,
 - participate in modified return to work plans when available and suitable, and
 - immediately notify us of your return to work in any capacity, any change in your work status or availability to work, if you intend to travel outside Canada, or if there is any change in your medical status



- Short term disability benefits are payable until you
 - return to full-time work or any work for pay or profit,
 - are deemed fit to return to your pre-disability job,
 - attain age 70, or
 - reach the maximum benefit duration of 104 weeks of disability (inclusive of the EI period)



- If you return to work but sustain a subsequent disability, a new claim must be filed if you return to work
 - four weeks before becoming disabled due to the same or related cause, or
 - one week before becoming disabled due to a different and unrelated cause

How does long term disability work?



• If short term disability term disability ends, you are under age 65, and you remain totally disabled, you may be eligible for long term disability (LTD) benefits offered through the benefit plan. Prior to the end of short term disability benefits, Health Management Services will assist you with your application for LTD benefits.



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Member Health Management Services

Our Services



- Your health matters! At LiUNAcare Local 183, we're always looking for new ways to service our members better.
- Member Health Management Services is your one-stop destination for support on all matters relating to disability, workers' compensation, and other medical benefits and services to get you back to health.
- Our team is comprised of disability management specialist and health professionals trained to ensure
 members receive medical care focused on recovery and return to work. In addition to helping you access
 short term and long term disability benefits, and workers' compensation benefits, Member Health
 Management Services staff work with you in developing a personalized plan and coordinating appropriate
 plan benefits and services on an expedited basis.
- Please refer to the next page for a list of plan benefits and services available to eligible members and dependents.

Maintaining your benefit coverage while on disability



- Should your coverage terminate because you are unable to work due to disability, you have the option to continue your coverage by making self-payments to the members' benefit fund as follows:
 - Members on short term disability will be required to remit a monthly payment of \$95 plus 8% RST, a total
 of \$102.60 for continuous benefit coverage up to a maximum of twenty-four (24) months following the
 exhaustion of your hour bank account provided you remain in receipt of short term disability benefits
 - Members on long term disability will be required to remit a monthly payment of \$95 inclusive of 8% RST for continuous benefit coverage provided you remain in receipt of disability benefits on or after October 1, 2011
 - Members on CPP Disability Benefits will have their benefit coverage on a complimentary basis
 - Eligibility for benefits will be conditional on you remaining a Member in Good Standing with Local 183
 - You are required to provide proof that you continue to be in receipt of the above benefits annually
 - Coverage will terminate on the date of your death, return to employment, recovery, or the attainment of age 65 for all benefits
 - The Trustees may adjust the self-payment amount from time to time.
- For more information refer to the benefit plan booklet, visit liunacare183.com, or contact Member Services at 416-240-7487 or info@183membersbenefits.ca

Other Important Information



- Payment of monthly Union dues is your responsibility to remain in good standing
- Contact the LiUNA! Pension Fund of Central and Eastern Canada for guidance on pension matters at 289-291-3663 or at 1-866-932-1100. Disability Pension Benefits will not affect your entitlement to short term disability benefits
- Depending on the nature of your condition, speak to your physician about Canada Pension Plan (CPP) disability benefits. CPP disability benefits will not affect your entitlement to short term disability benefits. If you have questions regarding the application process, Member Health Management Services can help.



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Plan Benefits & Services

The following benefits and services are available to you to promote recovery and return to health. In order to be eligible you must continue to have plan coverage or maintain plan coverage through self-payments. The eligibility and benefit provisions set out below are general and for information only.



vCare Virtual Healthcare | liunacare183.com

Avoid visits to walk-in clinics and emergency rooms for non-emergency issues with the vCare Virtual Healthcare platform. The vCare platform allows members and dependents to connect instantly with a healthcare provider for primary health concerns via secure text and face-to-face video, 24/7. Virtual follow-ups, prescription refills, specialist referrals, and lab requisitions offered with no travel time, no wait time, and no parking or transportation costs.



QuikCare Expedited Health Care | 1-844-900-8357 (24/7 helpline)

Normal healthcare wait times can be 8 months to see a specialist and 3 months for diagnostic scans. QuickCare provides access to expedited healthcare services when your physician refers you for an MRI, CT scan, ultrasounds, or other specialist consultations including orthopaedic, cardiology, neurology, neurosurgery, gastroenterology, general surgery, ear nose & throat, ophthalmology, urology, and rheumatology.



Health Care Navigation | 1-866-883-5956

Access to Nurses to help you navigate through the healthcare system and providing a single point of contact during your treatment. Services include answering questions regarding tests and treatment options, ensuring access to appropriate treatment, facilitation of diagnostic tests, alternate treatment locations, clinical trials, coordinating doctor-to-doctor consultations, and coaching on how to improve quality of care and management of your condition.



Cancer Assistance | 1-866-599-2720

Access to Oncology Nurses to help cancer patients navigate through the healthcare system by ensuring medical best practices are observed, providing expert assessment of treatment approaches, answering patient questions regarding tests and treatment options, empowering patients to understand their diagnosis, and helping reduce the physical and emotional impact of cancer.



MyConsult Second Opinion | clevelandclinic.ca

Do you have questions regarding your diagnosis? Through the secure web platform, members and dependents can submit their health information, records, and test results to a medical expert who will review and help you make an informed decision about your diagnosis and treatment plan and provide alternatives and second opinions.



Health Coaching | enroll.e-coaching.ca/liuna/183

A confidential one-on-one coaching and support program for those dealing with diabetes, obesity, and cardiovascular issues, including high blood pressure and high cholesterol, who want to focus on weight management and nutrition. Based on an online nutritional assessment, a Registered Dietitian or Certified Diabetes Educator will create a personal nutrition report and meal plan with follow-up coaching sessions to help you achieve your goals.



Self-Help-Works | liunacare.com/selfhelpworks

Make lifestyle goals a reality with this online program that combines principles of cognitive behavioural therapy and health coaching to help you break-through barriers and tackle smoking, weight, diabetes, alcohol consumption, physical activity, restoring sound sleep, and reducing stress.



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Plan Benefits & Services

The following benefits and services are available to you to promote recovery and return to health provided you continue to have plan coverage or are maintaining plan coverage through self-payments. The eligibility and benefit provisions set out below are general and for information only.



mCare Virtual Mental Health Program | liunacare183.com | 1-844-900-8357

This virtual mental health program has been designed to improve mental health resilience and well-being through specialized psychological treatment called cognitive behavioural therapy. Treatment options for a broad range of psychological conditions including but not limited to stress, anxiety, depressions, and panic disorders. There is also mental health assessment tool and resources to improve and achieve mental health wellness.



Member & Family Assistance Program (MFAP) | 1-866-462-8047 (24/7 hotline and crisis line)

Confidential counselling services offered in person, by phone, or online to tackle a variety of issues including stress, anxiety, depression, bereavement / grief, addiction, family / marital / relationship issues, elder care, and other personal matters such as life balance and health issues.



Paramedical Benefits - Mental Health Practitioners | liunacare183.com | 416-240-7487 | info@183membersbenefits.ca

Members and eligible dependents may be reimbursed for mental health practitioner services such as clinical psychologists and psychotherapists at a maximum reimbursement of \$100 per visit up to a combined annual benefit of \$1,000 per calendar year. You can use your Member Advantage Benefit Card to reduce out-of-pocket expenses, provided your practitioner is registered for electronic claim submission (e-claims).



Paramedical Benefits - Health Practitioners | liunacare183.com | 416-240-7487 | info@183membersbenefits.ca

Members and eligible dependents may be reimbursed for health practitioner services such as physiotherapy, massage therapy, chiropractic, acupuncture, naturopathic, and osteopathic at a maximum reimbursement of \$50 per visit up to an annual benefit of \$1,000 per practitioner per calendar year. All practitioners must be licensed and registered with their college. Use your Member Advantage Benefit Card if your practitioner is registered for e-claims.



PocketPills Virtual Home Delivery Pharmacy | liunacare183.com | 1-833-435-5679

Free full-service pharmacy with medication delivery to your home. Medications are sorted by date and time for ease and convenience. PocketPills works with your prescribing doctor to ensure refills are up to date, with pharmacists actively managing your medical condition and available via chat, text, or phone to answer any of your questions.



Other Plan Benefits & Services | liunacare183.com | 416-240-2104 | memberhealthservices@liunacare183.ca

Hospital Cash - if you are admitted to a hospital for at least three consecutive days, you and your eligible dependent may be eligible for a maximum daily benefit \$150 per day up to a maximum of 120 consecutive days

Long Term Care - if unable to perform 2 of the 6 activities and require long-term care services, you and your spouse may be eligible for a benefit payable at \$50 per day for daily assistance and \$100 towards home care services

Critical Illness - if diagnosed with 1 of the eligible conditions, members may be eligible for a benefit payment up to \$25,000 - the amount payable is reduced by 50% if over age 65. Spouse and Dependents - \$5,000.

Permanent & Total Disability Accident | Accidental Death & Dismemberment | Life Insurance | + other benefits

Refer to liuncare183.com, the benefit plan member booklet, or contact Member Health Management Services for additional details and application forms.



Application for Short Term Disability Benefits

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MEMBER STATEMENT

All three (3) sections of this application must be completed, signed, and submitted to initiate your claim for Short Term Disability benefits:

- 1. Member Statement
- 2. Employer Statement (or Record of Employment) completed by your pre-disability employer
- 3. Attending Physician Statement completed by the Physician overseeing your care

If any section of this application is not completed or portions are not answered fully, the assessment of your claim may be delayed. You are required to apply for Employment Insurance (EI) Sickness Benefits as Short Term Disability benefits are not payable during the period payable by EI benefits.

		,	0 - 1 - 1 - 1 - 1			
Member Information Last Name	First Name		Union ID Number			
Last Name	FIRST Name		Official Multiper			
Address			Date of Birth (mm/dd/yyyy)			
Town/City	Province	Postal Code	Telephone Number			
Email Address			Cell Phone Number			
Absence Information						
Job Title	Last day worked (mm/dd	/уууу)	First day absent from work due to medical condition			
Return to work date	Expected return to work	date	Is your condition due to an accident?			
			No Yes			
Accident date	Is this due to a motor veh	nicle accident?	Is the accident or medical condition work-related?			
	No No	⁄es	☐ No ☐ Yes			
Describe the nature of your medical condition and/	or how the accident occurre	ed (time, location, activity bein	g performed at time of injury)			
He constitution of the	- faller to a Dana Cha?					
Have you applied for or are you receiving any of the	e following Benefits?	–				
Employment Insurance (EI) Benefits		Applied	Approved Denied			
Workplace Safety & Insurance Board (WSIB) Benefits Applied		Applied	Approved Denied			
Motor Vehicle Accident Insurance Benefits Applied		Applied	Approved Denied			
Canada Pension Plan (CPP) Disability Benefits		Applied	Approved Denied			
Any other Disability or Income Continuation Benefits		Applied	Approved Denied			
During your absence, will you be working or receiving	ng income from another em	ployer or self-employment?				
No Yes, Describe						
Member Declaration & Authorization						
I certify that the information presented is true, correct, and complete. I understand that for the duration of this claim, I must immediately notify LiUNAcare Local 183						
Member Health Management Services of my return to work in any capacity, my receipt of any employment income, and any change in my status as it relates to my ability to work or entitlement to Short Term Disability Benefits.						
LiUNAcare Local 183 is administered by Benefit Plan Administrators Limited (BPA) on behalf of the Local 183 Members' Benefit Fund. I hereby authorize BPA,						
administrators of the Local 183 Members' Benefit Fund, and its subsidiaries, to collect, use, and exchange any and all information and documentation requested by BPA regarding or relating to my medical or mental health condition for the purpose of assessing and managing my claim for short term disability benefits and access to other						
benefits and services provided by the Local 183 Members' Benefit Fund. This includes authorizing any physician, health care professional, hospital, public or private						
institution, my employer(s), and Union to provide to BPA any information required for the assessment or management of my claim for short term disability benefits. I						
authorize BPA to share with CAREpath, third party provider, any and all information collected for the purpose of providing me individualized nurse case management and health care navigation services should I be eligible for this benefit. I also authorize BPA to share with my Long Term Disability Insurer any and all information and						
documentation collected should I be eligible for Long Term Disability benefits. All personal information will be treated in a highly confidential manner. It is understood						
that this authorization is valid from the date hereof through my return to work. This authorization may be withdrawn at any time upon receipt of written notification to BPA. I confirm that a photocopy or electronic copy of this authorization shall be as valid as the original. By signing below, I consent to the collection, use, and disclosure						
of my personal information as stated above.	, o. ans addionzation stall t	se as valid as the original. By sig	ming selection, reconsent to the confection, use, and disclosure			
Member Signature			Date			
1			1			



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EMPLOYER STATEMENT

LiUNAcare Local 183 Member Health Management Services is responsible for reviewing medical absences to assess eligibility to Short Term Disability benefits offered through the Local 183 Members' Benefit Fund and coordinating other plan benefits and services to assist Members in their recoveries and return to work. Please complete the following information in full and return directly to the Member or send to LiUNAcare Local 183 Member Health Management Services via fax at 416-240-7047 or email at memberhealthservices@liunacare183.ca. Please attach any additional information to help us understand the Member's absence, work duties, or physical demands of the job.

Member Information									
Member's Last Name	r's Last Name Member's First Name			Union ID Number					
Employment Information									
Job Title		Date of hire (mi	m/dd/yyyy	/)) Gross weekly earnings				
Member's Normal Work Schedule:		•				1			
Day of Week	Monday	Tuesday	Wedn	nesday	Thursday	Friday	Saturday	Sunday	
Hours									
Number of hours normally worked	per week:								
Provide a description of the Memb	er's work duties or a	attach a job descri	iption or p	hysical dem	ands assessment				
Last day worked		First day absent from work			Actual or expected return to work Date				
Reason for work absence									
Medical Lay-Off	Dism	nissed	Quit		Leave	Unkr	nown	Other	
_			If yes, pro	vide final day pai					
Yes No									
Was the Member recalled back to work but unable due to medical reasons? If yes, provide date of recall									
Yes No				, ,					
An and Cod de Conservation 2				ind hours availab	lo2				
Are modified duties available? Yes No			Are modified hours available? Yes No						
Declaration									
I certify that the above information is true, correct, and complete. Employer Contact Name Title									
Employer Contact Name						Title			
Employer				Telephone					
Employer Signature						Date			

Please complete and return this form to



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ATTENDING PHYSICIAN STATEMENT

LiUNAcare Local 183 Member Health Management Services is responsible for reviewing medical absences to assess eligibility to Short Term Disability benefits offered through the Local 183 Members' Benefit Plan. Please complete the following information in full and return directly to your patient or send to LiUNAcare Local 183 Member Health Management Services via fax at 416-240-7047 or email at memberhealthservices@liunacare183.ca. Please attach any additional information regarding the nature or extent of the patient's medical status or absence from work. Any fees associated with the completion of this form is the responsibility of the patient.

Patient Information							
Patient's Last Name	Patient's First Name	Date of Birth (mm/dd/yyyy)					
		,					
Medical Information							
Date symptoms first appeared (mm/dd/yyyy)	Date of first visit after work absence	First date of work absen	ce due to condition				
Is the condition a result of an accident?	Is the accident or condition work-related?	Is condition due to a mo	tor vehicle accident?				
□ No □ Yes	□ No □ Yes	No Yes					
Primary Diagnosis							
Secondary Diagnosis and/or Complications							
Functional Abilities - current physical and cognitive abil	ities						
Hospitalization No Yes Admittance		Discharge					
Surgery No Yes Surgery Type		Date	General Anesthesia				
Specialist No Yes Name/Type		Date	Pending				
Diagnostics No Yes Type		Date	Pending				
If awaiting a specialist consult or a diagno	stic assessment attach requisition or referral so we may c	oordinate service on an e	xpedited basis				
Treatment Plan - therapies, tests/investigations, referrals, specialty programs							
Medications - name, dosage, and frequency							
Compliance Yes No, describe	Patient not competent to						
Prognosis & Return to Work goals - If patient fit to return to work with modifications, provide recommendations for return (restrictions, days per week, hours per day)							
No. 1 accessor to date		A - L I L - L L L L L L L - L L - L					
Next assessment date	Frequency of visits	Actual or estimated retu	irn to work date				
	re us a better understanding of the patient's condition, trea	atment needs, and abilities	S				
Declaration							
I certify that the above information is true, correct, and Physician's Name	Telephone Number						
1 Hysician 5 Name							
Physician's Address	Fax Number						
i ilysiciali s Audi ess	I da Ivuilibei						
	Date						
Physician's Signature	Date						