



PROCEDURES TO CLAIM DISABILITY BENEFITS

The **Short-Term Disability (STD)** and **Long-Term Disability (LTD)** benefits help you through periods when you are off work due to disability caused by illness or accidental injury outside of the workplace.

Short-Term Disability (STD):

To qualify for STD benefits, a member must have an active hour bank at the time of their date of disability or illness. Benefits are not payable for any period of disability if you are covered by full (140 hour) self-payment for the month in which you become disabled unless you have at least 140 current employer hours earned but not yet posted to the hour bank or you are able to demonstrate to the reasonable satisfaction to the Trustees that employment in the bargaining unit covered by IATSE Local 891 is a primary source of income (contact the 891 Health Benefits Representative if you are unsure that you qualify). For members disabled prior to November 1, 2024, benefits will be paid up to a maximum of 40 weeks for any one period during which you are disabled and prevented from performing the essential duties of your own occupation. Members who become disabled November 1, 2024, onwards, may qualify up to a maximum of 52 weeks of STD benefits.

Claims should be submitted within 10 days of start of disability. Your claim will not be declined because it is filed after 10 days however it may impact the processing time of your claim. Under no circumstances will benefits be paid retroactive more than 6 months from the date the claim is received by Canada Life.

Benefits will commence on the 1st day of disability resulting from an accident (if you see a doctor on that day), on the 1st day of hospitalization, on the 1st day of surgery or on the 8th day of disability resulting from illness not requiring hospitalization (if you see a doctor by the 8th day). You must have active hour bank coverage on the 1st day of disability in order to receive benefits. Benefits are paid pro-rata based on a 7-day work week. Please note that the STD benefit is a taxable benefit.

If you return to work and are subsequently disabled due to the same illness or injury, your disability may be considered a recurrent disability and be paid as a continuation of the original claim, providing you have not earned 140 or more employer hours within a 90-day period of the closure of the original disability claim, but only if you had not been paid for the maximum benefit period. If you're disabled after you have returned to work and earned more than 140 employer hours within the 90-day period, the claim would be treated as a new claim.

Applying for disability benefits:

Complete and return the Employee Statement and signed Consent Form. Follow the links and instructions below:

- You can forward the completed forms by **e mail, FAX, or mail to the disability office where claims are handled:**
Vancouver Disability Benefits Office
1055 Dunsmuir Street, Suite 1500
Vancouver, BC, V7X 1K8
FAX : 1-844-816-1038
vancouver.dms@canadalife.com
- You can also submit your claim application directly to Canada Life online. To use the online claim portal, select the [Disability benefits employee statement guide – M7413](#), save a copy of your completed form to your computer and proceed to Step 4 to submit your claim.



- Ask your Physician, Practitioner, or Nurse Practitioner to complete the Physician's form – [Initial Disability Insurance Medical Statement that can be found here](#). Ask the Physician or Practitioner send it directly to Canada Life. If the Physician or Practitioner provides you with the completed report before you submit your claim documents, please attach it to your claim application and send it to Canada Life at the same time.
- To avoid delays in your claim set up and assessment, make sure to submit the Employee Statement and signed Consent to Canada Life. The Physician can submit their report directly to Canada Life when completed.

Note: as per policy outlined in the benefit booklet, "Any cost for completion of medical reports/forms will be your responsibility". You can submit your receipt to your Health Care Spending Account for reimbursement (up to the amount of funds available).

Short Term Disability benefits may also be paid for a period of up to four weeks for any one disability on the signature of a Chiropractor, Chiropodist/Podiatrist or a Mid-Wife (post normal delivery). Canada Life may also approve benefits for up to 8 weeks for an Attending Physician Statement completed by a Psychologist. Canada Life will also issue two weeks of benefits on the signature of a Dentist. For benefits beyond the periods listed, the signature of a Medical Physician, Practitioner or Nurse Practitioner will be required.

What can you expect next:

Upon receipt of the above information, the **Canada Life Case Manager** will contact you by phone to discuss your current health status, obtain details of your treatment and determine barriers to performing your regular work duties. The Case Manager will also review the information provided to determine if you satisfy the criteria for disability benefits and what steps might be appropriate to support your recovery and return to work. The Case Manager may ask you for additional information before approving the claim.

Benefits are paid only while a member remains under the full-time care of a medical Physician, Practitioner or a Nurse Practitioner. You need to follow treatment instructions while you are disabled. Keep your Physician up-to-date on all counselling or treatments you are receiving. This way, your physician can include it in their reports.

If your injury or illness accident was caused by actions of a third party:

Benefits will be paid for disabilities in which a third-party is liable if you pursue action to collect compensation from the third-party. The Canada Life Case Manager will discuss this process with you.

If you were involved in an Occupational Disability (Work-Related):

- Report to the employer (IATSE is not the employer). Ask them to fill out the Forms for WorkSafe BC Benefits (WSBC).
- Obtain a Form 6 from WSBC. Fill it in promptly and accurately and return it to WSBC via mail or fax. You may also report the claim over the phone by calling 1-888-workers (1-888-967-5377).
- You may be eligible for Short Term Disability benefits. Follow the process outlined above to complete and submit the required STD claim, or obtain a STD claim form from the Plan website at www.benefitsoffilm.com
- Claims will be assessed by Canada Life and once approved, you will receive your benefit cheques by mail or direct deposit if you have chosen this option.
- If WSBC approves your claim, you will be required to re-pay amounts received from WSBC to Canada Life.

Hours will be credited to your bank if you are disabled and in receipt of Disability Benefits from Canada Life, ICBC wage loss, WSBC wage loss, WSBC vocational rehabilitation benefits, or EI sickness benefits. You must provide



cheque stubs or other documentation to AGA Benefit Solutions to get credits for the period you were on ICBC, WSBC or EI Sickness.

Long-Term Disability:

For members disabled prior to November 1, 2024, to qualify for LTD, a member must have been in receipt of Short-Term Disability benefits for the maximum STD benefit period of 40 weeks and be unable to perform the essential duties of any occupation for which they are qualified. Benefits may be payable for a maximum of an additional 104 weeks. Benefits are issued on a bi-weekly basis.

If you become disabled on or after November 1, 2024, the Short-Term Disability (STD) benefit period extends to 52 weeks. You will qualify for benefits under the Long-Term Disability (LTD) plan if you were in receipt of 52 weeks of STD benefits and remain unable to return to your own occupational duties. If qualified, the maximum benefit period under the LTD plan is 5 years. Benefits are paid on a semi-monthly schedule.

A separate LTD claim application is not required. Your STD Canada Life Case Manager will continue to manage your claim and communicate with you. The Canada Life Case Manager will notify you if any additional medical information is required for the ongoing management of your LTD claim.

Any cost for completion of medical reports/forms will be your responsibility. If the claim is approved, you will continue to receive benefit cheques by mail or direct deposit.

Dues

IATSE Local 891 has established a medical leave policy which addresses the dues and arrears circumstances of members who are unable to work due to illness or injury. While on medical leave, members qualify for temporary dues payments of \$50 per quarter. Obtain a Medical Leave form & policy from the 891 website at: www.iatse.com under Membership\Resources.

Other Benefits

Your benefits include Critical Illness and therefore you may be eligible to make a Critical Illness claim if your disability is a result of one of the covered conditions. Forms and information can be found on the Benefits of Film website: www.benefitsoffilm.com.

Questions? Please contact your Health Benefits Rep @ the Union Office: 604.664.8914 or benefitsoffilm@iatse.com