

EMPLOYER'S GUIDE ON HOW TO ASSIST AN EMPLOYEE APPLYING FOR LONG TERM DISABILITY BENEFITS

If you have an employee who has been absent from work and you anticipate that they may be eligible for Long Term Disability (LTD) benefits covered by Equitable Life of Canada, the required claim forms can be accessed on our website at www.equitable.ca.

What forms do I require?

- Employer's Statement (Form #238)

What do I do with the Employer's form once it is completed?

Once you have completed your Employer's Statement form, please submit this form directly to our office at:

One Westmount Road North
PO Box 1603 Station Waterloo
Waterloo, ON N2J 4C7

What forms does your employee require?

- Application for Long Term Disability and Job Profile (Form #564)
- Authorization for Direct Deposit (Form #190)
- Attending Physician's Statement (applicable form for the employee's condition— Form #184, 185, 186, 187, or 188)

It is your employee's responsibility to submit these forms directly to Equitable Life. The cost for completion of the Attending Physician's Statement is also the responsibility of the employee.

Note: If you are providing the LTD forms to your employee, all Attending Physician's Statements should be printed. The employee should take the appropriate form to their physician for completion.

Please also provide your employee with a copy of the Employee's Guide - How to Submit a Long Term Disability Claim (Form #181).

When should I submit an LTD claim?

If you have an employee who has been off work for an extended period of time and you anticipate that they will not be returning to work prior to the elimination period for LTD benefits, the LTD claims process should begin. To decrease the chances of any interruption in pay to your employee these forms should be completed at least 8 weeks before the end of the elimination period.

If you are unsure as to when the process should begin, please do not hesitate to give us a call at 1-800-722-6615.

How long will it take to for a decision to be made?

Once the Attending Physician's Statement, Application for Long Term Disability and Job Profile and Employer's Statement have been received we will begin our assessment. We will contact the employee to complete a comprehensive telephone interview. We will request additional medical information if required.

Once all the required forms and medical information is received, our normal processing time for a decision is 5-10 business days.

What if the claim is Pended for additional information?

If Equitable Life determines that we require additional information to complete our assessment of the employee's claim, we will advise you and the employee both verbally and in writing.

What if the claim is approved?

We will call you and the employee with our decision to approve his/her claim. We will explain to the employee the effective date of the benefit, the amount he/she will be receiving as well as the definitions in the contract pertaining to their claim. An approval letter confirming our decision will be sent to you and the employee.

We will continue to request periodic medical updates. We will either write directly to the employee's treating physicians or send the employee an Attending Physician's Statement to be completed by their physician.

Return to Work Planning

We will be monitoring for improvement in your employee's condition. At the earliest and safest opportunity we will recommend a rehabilitative return to work. We will coordinate this return to work with you, your employee and the employee's physician. A return to work program is goal oriented and time limited. We will let you know of the employee's restrictions for a safe return to work. For more complex return to work programs, we may require the assistance of a Rehabilitation Consultant.

It is often advantageous to all parties (employee, employer and Equitable Life of Canada) to have an employee initially return to work on a graduated basis. In these instances, it is most helpful if an employer can accommodate modified duties and/or hours. Equitable Life will work with all parties to ensure a successful and timely return to work on either a full time or graduated basis.

What if the claim is declined?

If the results of our assessment indicate a denial of the claim, the reasons for our decision will be communicated to you and the employee both by phone and in writing. Keeping in mind medical information is confidential and cannot be provided.

Can an Employee appeal the decision?

If an employee wishes to appeal our decision he/she must submit in writing their intent to appeal our decision. In addition, we will require new medical information from their physician that has not been previously reviewed by Equitable Life. This medical information should include detailed, clinical findings. It may be helpful if the employee reviews this letter with their physician when deciding what medical information would be most appropriate for the appeal.

***Please note:** the employee is responsible for the cost of providing additional medical information for an appeal.*