Understanding Your Chambers of Commerce Group Insurance Plan® Long Term Disability Claim

Any absence from work on a long term basis as a result of illness or accident can be a stressful period, particularly if your income is affected. We have prepared this summary to help you better understand the steps involved in making a disability claim, and what happens after you submit the claim.

How do I qualify for LTD benefits?

You are considered to be *totally disabled* if you are unable, as a result of illness or injury, to perform either:

a) the whole duties of your regular occupation, or

b) any occupation for which you are or may reasonably become qualified based on your training, education and/or experience.

Your *definition of disability* can be found in your employee booklet. No benefits are payable for partial disabilities.

All Chambers Plan policies include a *Pre-Existing Condition* provision. This means benefits are not payable for any disability which begins within the employee's first 12 months of coverage if that disability is due, directly or indirectly, to a pre-existing condition. That is, any condition for which you were treated or attended by a physician or were prescribed drugs that were taken during the three month period immediately prior to your effective date of coverage.

Proof of income

The insurance company will require proof of your income to complete the claim assessment.

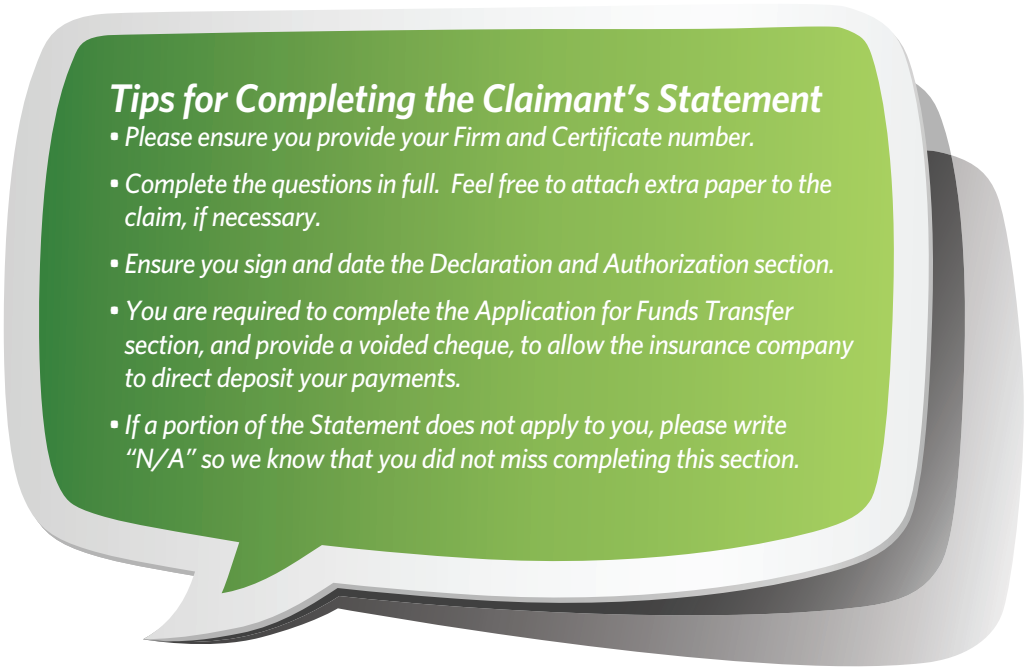
*For **employees**, please attach copies of your T4 slips for the past two years.*

*For **owners/self employed individuals**, please attach copies of pages 1 and 2 of your returns, along with tax schedules detailing income reported on lines 135 and 143, for the past two years.*

When should I apply for LTD benefits?

Under the Chambers Plan, benefits begin from the 121st day of disability, but do not wait until the end of the elimination/waiting period before filing a claim. If your disability will prevent you from returning to work, we suggest you forward completed claim forms approximately 90 days into the disability. This provides the insurance company sufficient time to review your claim and obtain any additional information required to complete the assessment.

Claims received more than 180 days after the onset of the disability may be declined due to late submission.



How do I begin?

There are three forms that must be completed as part of your claim:

- **Claimant's Statement.** This provides the insurance company with information about you, your condition, a brief medical history, and any other insurance coverage you may have.
- **Employer's Statement.** This is completed by your employer. It provides information about your employment, pay, and a description of the work you do.
- **Physician's/Specialist's Statement** which is completed by your physician. It provides information about your condition, treatment, and prognosis for returning to work.

If you are the owner of your organization, your kit will combine the *Employer's* and *Claimant's Statements* to simplify the completion of the forms.

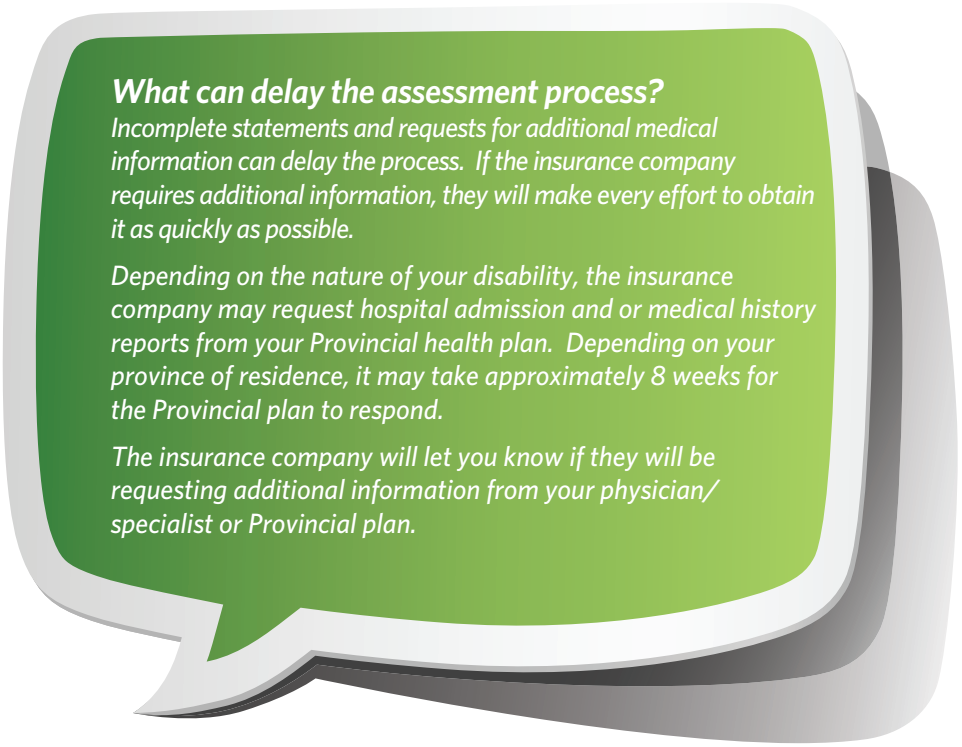
Completing the Statements

We want to make sure your claim is processed quickly and accurately so the statements are designed to collect as much necessary information as possible at the beginning of the process. We recognize the statements are quite detailed, but by ensuring they are filled correctly and completely, it will take the insurance company less time to assess and make a decision on your claim.

Completing the Statements (continued)

Please ensure:

- Statements are completed in ink.
- Each section of the form is completed by the appropriate person.
- All sections are signed and dated.
- All required forms are enclosed including a copy of your Birth Certificate, passport or Baptismal Certificate. As our plans only provide LTD benefits until age 65, it is important that we confirm the date this will occur.



Claimant's/Employer's Statement

Return the *Claimant's* and *Employer's Statement* to our office. If you wish to protect your privacy, you can send us your competed *Claimant's Statement* and your employer can return their section to us under separate cover.

Physician's/Specialist's Statement

Complete section 1 of the form and give the Statement to your physician to complete. The physician can forward the completed form directly by fax to 1-800-457-8410, or by email to chdisability@johnstongroup.ca.

You are responsible for any charges for having the *Physician's Statement* completed and any other medical statements that may be necessary to process your claim.

What happens next?

We will send you a letter acknowledging receipt of your claim and provide you with our telephone number if you have any questions regarding your claim. We will forward your completed forms to Desjardins Insurance to process your claim.

A claims examiner will handle your file from start to finish.

The examiner will review the claim once they receive both the Employer's and Claimant's Statement and the Physician's / Specialist's Statement. In most cases the examiner will have all the information they need, but if additional information is required your examiner will contact you directly.

The examiner will review the file to confirm that you are covered by your group benefits contract for LTD benefits, confirm you meet the definition of disability within your group benefits coverage, and review your claim to confirm that you are under the care of a licensed medical doctor and receiving regular, ongoing care and treatment that is appropriate for your disability.

If your claim is approved, you will receive a letter advising you of the amount of your monthly benefit and the expected duration for which your claim will be paid. If you completed the direct deposit authorization on the application form, and provided a voided cheque, benefits will be deposited directly into your bank account as they are due. Benefits will be paid after the completion of the elimination period of your disability.

If your claim is not approved, the insurance company will notify you in writing and provide the reasons for their decision. Should you disagree with the insurance company's assessment of your claim for LTD benefits, you can appeal the decision within 30 days of the receipt date of the letter. Your appeal must be in writing and should include new medical information to support your request to reassess your claim. Any costs for obtaining new medical information, such as test results and medical reports would be at your expense.

How long does the assessment process take?

The initial assessment period takes approximately ten business days from the time they receive all statements from the required parties.

If approved, when are claim payments made?

LTD benefits are payable after each month of continued disability (30 days in arrears). Payments will continue as long as you meet the definition of total disability, as defined in your employee booklet, and are receiving appropriate treatment as recommended by your treating physician. Payments continue up to the lesser of the duration of your coverage or the month you turn age 65.

How often is medical information requested?

Depending on the nature of the medical condition, medical follow-ups will be requested on a periodic basis. The frequency will depend on your condition.

How much will my LTD payments be?

Monthly LTD payments are based on a percentage of your income. Benefits will equal the lesser of the amount shown on your Certificate of Insurance and the benefits payable based on your income at the time you became disabled.

Benefits may be reduced by payments received from other sources for the same disability such as CPP / QPP and Worker's Compensation. As CPP / QPP benefit payments are part of your total benefit calculation, the insurance company may ask you to apply for these benefits once you have been approved for LTD benefits. Benefits are not reduced by income you receive from an individual disability plan.

Questions?

Contact your claim examiner by calling the number they provided you, or contact a **Chambers Plan Disability Customer Service Representative at 1.800.665.3365 or by email at chdisability@johnstongroup.ca**.