BRITISH COLUMBIA
BC Public Service
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# Guide to Applying for Long Term Disability (LTD) Plan Benefits

## Our Goal

*The design of our plan and Canada Life's administration of claims are based on the belief that everyone stands to gain if you return to productive employment within medical restrictions in a timely manner.*

## General Information

You have been absent from work during the past few months due to illness or injury. You may be eligible for benefits under the Long Term Disability Plan (LTD) if you are unable to return to full duties following the expiration of the STIIP period.

To apply for LTD benefits, please complete the following steps:

1. Read the FAQ
2. Complete the LTD application package (employee portion and have your doctor complete the physician* portion).
3. Submit LTD package to Canada Life Assurance Company (Canada Life) by email, mail or fax.

Once Canada Life receives your completed application package they will work with Corporate Health Programs at the BC Public Service Agency to establish eligibility and will provide their assessment. Canada Life will contact you DIRECTLY regarding their decision on LTD benefit entitlement. You may be requested by Canada Life for additional medical information to enable them to complete their review.

**Please note: Employees must submit all portions of their completed LTD Plan application, including the Doctor* portion, within four weeks following the end of the STIIP period. If an employee fails to submit their application within that time, they will be presumed to have abandoned their claim. If an employee has not abandoned their claim, they must then demonstrate to the plan administrator that there were reasonable grounds for not having applied during the prescribed period.**

The forms included in this package are required to determine your entitlement for Long Term Disability benefits. Make your application at least eight weeks before your STIIP benefits end to allow sufficient time to process. Remember your application has to be received four weeks following the end of STIIP at the latest.

Canada Life Assurance Company
Suite 1500 - 1055 Dunsmuir Street
Vancouver BC V7X 1K8
Email: Vancouver.DMSO@CanadaLife.com
Fax: 1-844-816-1038

*** Effective April 1, 2022, BC General Employees' Union, Professional Employees' Association, and excluded employees may have their LTD application forms completed by an attending Nurse Practitioner. Please refer to your collective agreement or terms and conditions of employment for further information.**

*Please complete and submit forms provided in this package*
and retain the rest of this information guide for your future reference.
For further information, visit www2.gov.bc.ca/myhr or contact MyHR@gov.bc.ca

# Frequently Asked Questions About Your Long Term Disability Coverage

The following list of questions and answers were developed to assist you in understanding the LTD plan as well as the application process.

## What is Long Term Disability coverage?

Long Term Disability coverage (more often known as LTD) provides you with a percentage of your income if you are ill or injured and are **"totally disabled"** for an extended period.

The LTD plan is fully funded by your employer. LTD Claims are assessed by the employer's claims paying agent, Canada Life. Canada Life makes benefit payments to ill or injured employees who qualify for benefits. Canada Life is reimbursed for payments by the employer.

## What does "totally disabled" mean?

"Totally disabled" means the complete inability because of an accident or illness to perform all the duties of your **own occupation** for the **first 25 months of LTD** (24 months for BC Ferries employees). This is called the "own occupation period."

**After the expiration of your** "**own occupation period**," total disability means you are not able to perform the duties of a **gainful occupation** for any job that pays 75% or more of the current rate of basic pay for your pre-disability job. Your education, training and experience are considered in making this decision as well as any accommodation made by your employer to enable your return to work. This is called the "**any occupation period**."

## Is there an exception to the "totally disabled" definition during the "own occupation" period?

The exception would be where the employer makes an accommodation which enables you to work:

1) in your own occupation, or

2) in a job other than your own occupation.

Where such an accommodation has been made you will not be considered totally disabled and the rate of pay shall be the rate for the job.

However, should the rate of pay for the job be less than your rate of pay at the date of disability, your salary will be protected at your basic rate of pay at the date of disability.

## How do I qualify for LTD benefits?

1. You must be a regular employee with six months of active service.
2. You must have been ill or injured and unable to work during the STIIP period.
3. You must be under the regular care of a medical doctor*.
4. You must have sufficient medical evidence to support your claim.

NOTE: Although the benefit is called "long term" disability, you do not have to be permanently disabled in order to qualify for benefits. In fact, many claims are only for a short period of time, until an employee recovers and can return to work. The first two years of LTD is the period where you may not be disabled from all occupations. During this period the goal of the employer and the union (if you are a bargaining unit employee) is to ensure ongoing contact and to collaboratively work to identify and proceed on any opportunity to return you to gainful employment.

These rehabilitative efforts will continue throughout the duration of your LTD claim.

## How do I apply for LTD benefits?

| 1. You must complete the following forms (enclosed): | Completed |
|---|---|
| Employee's Long Term Disability Application | ☐ |
| Direct Deposit Authorization | ☐ |
| Sign claimant authorization on page 14 and give it to your doctor* | ☐ |
| 2. Your doctor(s) must complete the following forms (enclosed): | |
| Attending Physician* Initial Claim for LTD Benefits | ☐ |
| Psychiatric Condition Statement (if required) | ☐ |

3. You must fax, email or mail your forms to:

   Canada Life Assurance Company
   Suite 1500 - 1055 Dunsmuir Street
   Vancouver BC V7X 1K8
   Email: Vancouver.DMSO@CanadaLife.com
   Fax: 1-844-816-1038

   Your doctor* will either give you the completed medical package to send to Canada Life or they can send it directly. This information is required by Canada Life in order to assess your claim and make a decision regarding the benefit. In our experience claim decisions are often delayed because the application fails to provide all the relevant medical information. Please talk to your doctor* about the importance of submitting a **complete medical information package** which will include copies of any or all of the following: **test results**, **progress reports and all relevant specialists' consultation reports**.

4. Please be advised, you may be requested to apply for Canada Pension Plan (CPP) disability benefit. This application package may be sent to you after we receive your LTD application.
5. We encourage you to keep copies of all your documents.

## Who pays for any costs associated with the completion of the LTD application package?

Each employee is responsible for the costs associated with the completion of the LTD package including any medical forms.

## How much is the LTD benefit?

The LTD benefit is a percentage of your basic monthly earning and is less than the STIIP benefit. Please check your collective agreement or terms and conditions of employment to determine the exact formula that applies to you since this plan covers a number of different employers and types of employees.

The benefit paid is taxable income and deposited in your bank account by the end of each calendar month.

## When does LTD start?

LTD benefits start after the STIIP period ends and providing you qualify for benefits as determined by Canada Life. Any sick bank balance, if applicable, must be utilized before LTD benefits begin.

## How long does LTD continue?

Benefits will continue until you:

1. recover
2. reach age 65 (60 for correctional center employees)
3. refuse to participate in an Approved Return to Work Plan
4. resign your employment (e.g. retire early), or
5. die.

## Who decides if I'm entitled to LTD benefits?

Canada Life will assess your claim. Their case managers will review the medical information and the duties of your job and determine, in their opinion, whether you are totally disabled and unable to perform the duties of your job.

## How will I know if Canada Life has made a decision on my claim?

A case manager from Canada Life will phone you to advise you of the decision. Should Canada Life need more information from you, your employer or your doctor, they will send you a letter requesting this information. Should you wish to obtain information on the status of your claim, call Canada Life at **604-646-1200** or toll free at **1-888-292-4111**.

## How can I help to ensure my claim is handled quickly?

You can help by ensuring the information sent to Canada Life is as complete and up to date as possible. Please stress to your doctor* the importance of completing the physician's* form(s) completely and attaching the **complete medical information package** which includes any or all of the following: **test results**, **progress reports and all relevant specialists' consultation reports**.

## What if my claim is denied?

Canada Life will write to you detailing the procedures for appealing a claim decision should you wish to do so.

## How are LTD payments made?

Should your claim be accepted, Canada Life will make monthly deposit payments directly to your bank (as per the completed Direct Deposit Form enclosed). Payments are issued in time to ensure the deposit reaches your bank account **on or before the last day of each calendar month**. Payments are sometimes issued early due to weekends or statutory holidays, but you should not count on receiving your payments prior to the last day of the calendar month.

## How often do I have to provide medical reports?

It depends on the status of your disability and when your doctor* expects your condition to change. Canada Life will periodically review your claim and on-going entitlement and request medical information as required.

It is important you encourage your doctor* to send in these reports as soon as possible so that there is no delay in the ongoing assessment of your claim. It is also important your doctor* submit ALL relevant medical information including test results, specialists' reports, x-rays, etc.

NOTE: This medical information is treated as confidential.

## What about my other benefits while I'm receiving LTD benefits?

Should your LTD claim be approved, your benefit coverage under the following plans will continue automatically and be paid by the LTD plan. In the event LTD approval is delayed you should contact MyHR toll free 1-877-277-0772, or email MyHR@gov.bc.ca concerning continuation of benefits.

### Group Life Insurance

Your premiums will be paid by the LTD Plan, except for the monthly premium for Optional Family Funeral Benefit and Optional Accidental Death and Dismemberment Insurance which (if applicable) will be deducted from your LTD Plan payment. In accordance with Income Tax Regulations, premiums paid by the LTD Plan are a taxable benefit. You will be sent a T4 form annually for this benefit.

### Dental and Extended Health Care Plans

Once your LTD claim is accepted this coverage will be continued at no cost to you, paid for by the LTD plan. **You will receive a new identification card with a new group number**.

### Public Service Pension Plan

Once your LTD claim is accepted you will be credited with pensionable service while in receipt of LTD benefits and your pension contributions will be waived by the Public Service Pension Plan.

NOTE: Should you have any changes to your beneficiaries/dependents under the above noted plans while on LTD, you should contact MyHR toll free at 1-877-277-0772.

## What happens if I receive other disability income?

LTD benefits will be reduced by all other disability income. This includes, but is not limited to, Worker's Compensation Board (WCB) benefits, Insurance Corporation of BC benefits, Group or personal insurance, Employment Insurance benefits, Canada Pension Plan (CPP) and Income Assistance benefits.

WCB and CPP benefits are offset from your LTD benefits on a dollar for dollar basis. Other insurance income (ICBC, personal insurance, etc.) is integrated with LTD benefits. Please contact Canada Life for details on how your LTD benefits are affected by other disability income.

You may be required to apply for CPP as a condition of the LTD plan. If applicable, Canada Life will notify you in writing.

## What happens if I earn other employment income?

You must contact a Corporate Advisor in Workplace Health and Safety at the BC Public Service Agency before you engage in any form of employment. Should you engage in employment not approved as rehabilitative employment by the Corporate Advisor, your LTD benefits will be reduced by any such earnings on a dollar for dollar basis.

**NOTE: You must advise Corporate Health Programs of any income or benefits you receive for any period you are in receipt of LTD benefits pursuant to the above two questions.**

## Is there assistance available to me in returning to work?

The employer can help you return to work. Opportunities such as return to work programs, vocational assessment, work conditioning, counselling, and rehabilitative employment (modified to your own or an alternative occupation) are available. The following resources are available to assist you in returning to work:

- Once your LTD claim is accepted, a Corporate Advisor will work directly with you and your manager to assist you and support you in returning safely back to work.
- Occupational Health Programs can work with you and your physicians to manage treatment, fitness and safety clearance to return to work.
- A joint rehabilitation committee for government employees encourages and facilitates an early return to work.
- The Employee Health and Well-being Services, which provides confidential, professional assistance to employees and their families to resolve problems that affect their personal lives. For government employees the toll-free number is 1-800-655-5004.
- Unions or Associations: an employee who is a union member may wish to contact their appropriate union representative. Following is a list of phone numbers of unions whose members are covered by this LTD plan. The phone number for the BC Excluded Employees Association is also included.

| | | |
|---|---|---|
| BC Government and Service Employees' Union (BCGEU) Burnaby | 604-291-9611 | 1-800-663-1674 |
| Professional Employees' Association (PEA) | 250-385-8791 | 1-800-779-7736 |
| Professional Employees' Association (PEA) (Burnaby) | 604-299-6677 | 1-800-323-0488 |
| BC Nurses' Union (BCNU) | 604-433-2268 | 1-800-663-9991 |
| BC Ferry and Marine Workers' Union (BCFMWU) | 250-716-3454 | 1-800-663-7009 |
| BC Excluded Employees' Association (BCEEA) | 250-590-9800 | |
| Queen's Printer/Unifor | | 1-800-876-5171 |

**The above information is for summary purposes only and in the event of any conflict with the Collective Agreements or other Terms and Conditions of Employment those documents will take precedence.**

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# To the Employee

Checklist for Submitting Your Application for Long Term Disability (LTD) Benefits

**Please note: Employees must submit all portions of their completed LTD Plan application, including the Physician* portion, within four weeks following the end of the STIIP period. If an employee fails to submit their application within that time, they will be presumed to have abandoned their claim. If an employee has not abandoned their claim, they must then demonstrate to the plan administrator that there were reasonable grounds for not having applied during the prescribed period.**

- ☐ **Please read the Guide to Applying for LTD. It contains important information and provides helpful questions and answers.**
- ☐ **Your Physician* will require a signed authorization from you, so the necessary medical documents can be released to Canada Life and the Plan Administrator. Please complete the form on page 14 and provide it to your Physician*.**
- ☐ **Have your Physician* complete the Attending Physician* Initial Statement and Psychiatric Condition Statement, if required, and attach any test results or reports from specialists. You can provide the forms to your Physician or they can obtain the forms online at www2.gov.bc.ca/myhr and can be emailed to Vancouver.DMSO@CanadaLife.com, mailed or faxed to the address below. Should all the information not be received from your Physician*, it will delay your claim. If your Physician does not have copies of specialists' reports, you can obtain them directly from the specialist.**
- ☐ **Complete ALL sections of the "Employee's Long Term Disability Application." Attach any information concerning your claims for CPP, WCB and/or ICBC benefits.**
- ☐ **Summary of Education, Training and Experience Form. This information is not necessary at the time of your initial application but may be required at a future date. Canada Life will advise you if/when this information is needed.**
- ☐ **Complete the Direct Deposit Authorization Form and attach a sample cheque marked "void."**
- ☐ **Please return your completed LTD forms by email, fax or mail to the address below:**

Canada Life Assurance Company
Suite 1500 - 1055 Dunsmuir Street
Vancouver BC V7X 1K8
Toll Free: 1-888-292-4111
Fax: 1-844-816-1038
Email: Vancouver.DMSO@CanadaLife.com

*** Effective April 1, 2022, BC General Employees' Union, Professional Employees' Association, and excluded employees may have their LTD application forms completed by an attending Nurse Practitioner. Please refer to your collective agreement or terms and conditions of employment for further information.**

**Remember to retain copies of all forms for your personal records.**

CLEAR FORM

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# Employee's Long Term Disability Benefit Application

**Freedom of Information and Protection of Privacy Act** (FOIPPA) The personal information requested on this form is collected under the authority of FOIPPA s.26(c) and will be used to process your application for Long Term Disability benefits and for return-to-work planning. Questions about the collection or use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request at AskMyHR, phoning 1-877-277-0772, or writing to: Manager, HR Service Centre, BC Public Service Agency, PO Box 9404, Stn Prov Govt, Victoria, BC V8W 9V1.

## Identification

| | | | |
|---|---|---|---|
| First Name | Initial | Last Name | |
| Address: Number & Street Name | | Suite Number | Employee Number |
| City | | Province<br>British Columbia | Postal Code |
| Home Email | | Home Phone | Work Phone |
| Social Insurance Number | Occupation | Date of Birth (yyyy-mm-dd) | Gender<br>◯ Woman/Girl ◯ Non-Binary<br>◯ Man/Boy ◯ Prefer not to Answer |
| Employer | Department | Supervisor | Start Date in Present Position: |

## Claim Information

Please explain how your condition is affecting you and specifically outline how it prevents you from working or participating in other activities.

| | |
|---|---|
| If illness or injury is due to an accident, give date accident occurred: (yyyy-mm-dd): | From what date has your illness or injury continuously prevented you from working? (yyyy-mm-dd) |

Have you performed any other work since that date? ◯ Yes ◯ No

Have you had this condition before? ◯ Yes ◯ No

## Medical Treatment

Name and address of the physician* currently supervising your treatment:

Name

Address (Suite, Street Number, Street Name, City, Province)

Name(s) and address(es) of other physician(s)* who have treated you for this condition:

| | |
|---|---|
| Name | From (yyyy-mm-dd) |
| Address (Suite, Street Number, Street Name, City, Province) | To (yyyy-mm-dd) |

Were you confined to hospital due to this condition?: ◯ Yes ◯ No

| | |
|---|---|
| Employee Name | Employee Number |

## Financial

| Have you applied for, or are you receiving the following: | I have applied Yes | I have applied No | I am receiving Yes | I am receiving No | Amount |
|---|---|---|---|---|---|
| Canada Pension Plan/Quebec Pension Plan Benefits | ○ | ○ | ○ | ○ | $ per mo. |
| Workers' Compensation Board Benefits | ○ | ○ | ○ | ○ | $ per wk. |
| Employment Insurance Benefits | ○ | ○ | ○ | ○ | $ per wk. |
| Automobile Insurance Benefits | ○ | ○ | ○ | ○ | $ per wk. |
| Any Other Disability Benefits | ○ | ○ | ○ | ○ | $ per wk. |
| Retirement/Pension Income | ○ | ○ | ○ | ○ | $ per wk. |
| Self Employment or any other Employment Income | ○ | ○ | ○ | ○ | $ per wk. |
| Any Other Income | ○ | ○ | ○ | ○ | $ per wk. |

For the duration of your claim for benefits, you are required to notify Corporate Health Programs in the BC Public Service Agency of:

- any monies received from the above sources,
- any work performed, whether or not you have received a wage or remuneration, or
- any employment income paid to you or any other person or party as a result of work performed by you.

***If you are receiving any of the above, please attach copies of all benefit statements.***

## Safeguarding Your Personal Information

**This authorization must be submitted together with your application for Long Term Disability Benefits.**

At the British Columbia Public Service Agency (BCPSA) and The Canada Life Assurance Company (Canada Life), we recognize and respect every individual's right to privacy. Personal information about you is kept in confidential files at the offices of BCPSA and Canada Life. This personal information may include medical and psychiatric information. We limit access to the information in your files to the appropriate BCPSA and Canada Life staff, to persons authorized who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by you. The information is used to investigate and assess your claim and to administer the Long Term Disability Plan.

I authorize Canada Life, any physician, healthcare or rehabilitation provider, my plan administrator, other insurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life to exchange my personal information when relevant and necessary for the purpose of Canada Life's assessment of my claim, administering the group benefit plan, or performing independent medical assessments;

I authorize Canada Life and BCPSA Occupational Health Programs to exchange my personal information when relevant for the purpose of Canada Life's assessment of my claim or in my rehabilitation and return to work support;

I authorize Canada Life, my plan administrator and Workplace Health Services to exchange information when relevant for the purpose of discussing rehabilitation and return-to-work planning;

I authorize Canada Life and the Claims Review Committee to exchange my personal information for the purpose of resolving a dispute about my benefit entitlement;

I authorize Canada Life to release information about my claim to an auditor authorized by my employer, plan administrator or their agent and Canada Life at any time for the purpose of auditing the assessment of claims;

I authorize the use of my Social Insurance Number for income tax reporting purposes and as an identification number only where required in the administration of my claim.

Except for audit purposes, this authorization shall remain valid for the duration of my claim for benefits or until otherwise revoked by me.

I confirm that a photocopy or electronic copy of this authorization shall be as valid as the original.

I declare that the statements provided in this Claimant's Statement and any statements provided in any personal or telephone interview concerning this claim for disability benefits will be true and complete. I agree that all such statements form the basis for any benefits approved as a result of a claim.

| Name (please print) | Telephone Number |
|---|---|
| | |

| Signature | Date (yyyy-mm-dd) |
|---|---|
| X | |

| Employee Name | Employee Number |
|---|---|
| | |

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# Summary of Education, Training and Experience (Employee's LTD Benefit Application)

**This information is not necessary at the time of your initial application but may be required at a future date. Canada Life will advise you if/when this information is needed.**

## Identification

| Name | Social Insurance Number |
|---|---|
| | |

## Education

| Level | Location | Level Obtained | Year | Areas of Study and Years Completed |
|---|---|---|---|---|
| Elementary or High School | | | | |
| College or University | | | | |
| Other (Please include all forms of upgrading, in-service training, training on the job, special interest courses, etc.). Attach additional pages if necessary. | | | | |

## Work Experience

(Begin with the most recent and include every job you have had. Attach extra sheets if necessary, or your resume.)

| Duration of Employment | | Employer | Job Title and Duties |
|---|---|---|---|
| From (yyyy-mm-dd) | To (yyyy-mm-dd) | | |
| From (yyyy-mm-dd) | To (yyyy-mm-dd) | | |
| From (yyyy-mm-dd) | To (yyyy-mm-dd) | | |

## Acquired Skills

(These may include typing, operation of equipment, supervisory skills, special licenses, etc. Where appropriate, give level, speed or proficiency.)

Volunteer work, hobbies and interests:

Do you have a valid driver's licence? ◯ Yes ◯ No

| Signature | Date (yyyy-mm-dd) |
|---|---|
| X | |

| Employee Name | Employee Number |
|---|---|
| | |

# Direct Deposit Authorization
## Long Term Disability Benefit Payments

| Social Insurance Number | Employee Number | Employee Name | Home Telephone Number |
|---|---|---|---|
| | | | |

I wish to have my Long Term Disability payments deposited to:

- ◯ My chequing account – I have attacheda sample cheque marked "Void"
- ◯ My savings or other account – Details supplied below

*Direct Deposit Service available for institutions within Canada only.*

Please Print

| Name of bank or other financial institution | | |
|---|---|---|
| | | |

| Transit Number | Institution Number | Account Number |
|---|---|---|
| | | |

| Branch Address (Suite, Street Number, Street Name) | Name in which account is held | |
|---|---|---|
| | | |

| City | Province | Postal Code |
|---|---|---|
| | British Columbia | |

| Signature | Date signed (yyyy-mm-dd) |
|---|---|
| X | |

**This authorization MUST be submitted together with your application for Long Term Disability Benefits.**

| Employee Name | Employee Number |
|---|---|
| | |

| Claimant's Authorization | |
|---|---|
| I hereby authorize the release to Canada Life and Corporate Health Programs at the BC Public Service Agency, my LTD plan administrator of any relevant information requested on this form and the Psychiatric Condition Statement in respect of this claim. | |
| Signature<br>X | Date signed (yyyy-mm-dd) |

## For the Physician*

An electronic version of the Attending Physician* Initial Statement (LTD Medical Form) is available at www2.gov.bc.ca/myhr. Search for LTD Application which will provide the Guide, the Attending Physician's Statement and the Application Form.

*** Effective April 1, 2022, BC General Employees' Union, Professional Employees' Association, and excluded employees may have their LTD application forms completed by an attending Nurse Practitioner. Please refer to your collective agreement or terms and conditions of employment for further information.**

| Employee Name | Employee Number |
|---|---|
| | |

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# To the Attending Physician*

**Concerning Your Patient's Application for Long Term Disability Benefits Claim**

**Please note: Employees must submit all portions of their completed LTD Plan application, including the Physician* portion, within four weeks following the end of the STIIP period. If an employee fails to submit their application within that time, they will be presumed to have abandoned their claim. If an employee has not abandoned their claim, they must then demonstrate to the plan administrator that there were reasonable grounds for not having applied during the prescribed period.**

The design of our plan and Canada Life Assurance Company's (Canada Life) administration of claims are based on the belief that everyone stands to gain if the employee returns to productive work within medical restrictions in a timely manner.

You play an important role in your patient's Long Term Disability (LTD) benefit claim. Please remember that:

- LTD benefits are provided by your patient's employer, the Province of British Columbia and other covered public sector employers in the Province. The LTD plan is funded by contributions made by the employers. Claims are assessed by Canada Life in Vancouver.
- Please complete the Attending Physician* Initial Statement. This can be accessed electronically (see website noted below to access forms). Attach **all** relevant test results, x-ray reports and/or specialists' reports that support your diagnosis. The complete forms can be emailed, faxed or mailed to the address below.
- The Psychiatric Condition Statement is to be completed only in the event psychiatric illness is present.
- **The patient is responsible for the cost for the completion of these forms and for any charges incurred**.

As you are aware, this is a difficult time for your patient. You can greatly assist in the claims review process by promptly sending in complete medical information, and by supporting your patient in an appropriate rehabilitation plan. Thank you for your cooperation.

Canada Life Assurance Company
Suite 1500 -1055 Dunsmuir Street
Vancouver BC V7X 1K8
Toll Free: 1-888-292-4111
Fax: 1-844-816-1038
Email: Vancouver.DMSO@CanadaLife.com

Forms available at: www2.gov.bc.ca/myhr (search for Long Term Disability Application)

*** Effective April 1, 2022, BC General Employees' Union, Professional Employees' Association, and excluded employees may have their LTD application forms completed by an attending Nurse Practitioner. Please refer to your collective agreement or terms and conditions of employment for further information.**

| Employee Name | Employee Number |
|---|---|
| | |

Clear Form

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# Attending Physician* Initial Statement Claim for Long Term Disability Benefit

**Freedom of Information and Protection of Privacy Act** (FOIPPA) The personal information requested on this form is collected under the authority of FOIPPA s.26(c) and will be used to process your application for Long Term Disability benefits and for return-to-work planning. Questions about the collection or use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request at AskMyHR, phoning 1-877-277-0772, or writing to: Manager, HR Service Centre, BC Public Service Agency, PO Box 9404, Stn Prov Govt, Victoria, BC V8W 9V1.

## Physician* – Important Notice

The detailed completion of this form is of vital importance to the patient, as this medical evidence is essential to enable the patient's benefits to be processed. Please complete these sections relating to your patient and stroke out non-applicable areas. The back page is available to expand on comments under any of the headings or to add other information relevant to the claim. This form may be emailed, mailed or faxed directly to Canada Life Assurance Company (Canada Life) or given to the patient at the physician's discretion.

## Identification

Patient's Name

| Date of Birth (yyyy-mm-dd) | Age | Current Height | Current Weight |
|---|---|---|---|
| | | | |

## History

Date symptoms first appeared or accident happened: (yyyy-mm-dd)

Date of first visit by patient for this condition: (yyyy-mm-dd)

Date of latest visit by patient for this condition: (yyyy-mm-dd)

Frequency of visits: ◯ Weekly ◯ Monthly ◯ Other

Is the condition due to injury or sickness arising out of patient's employment? ◯ Yes ◯ No ◯ Unknown

Has patient ever had the same or similar condition? ◯ Yes ◯ No

From what date did your patient's medical condition prevent him/her from working? (yyyy-mm-dd)

Please attach copies of clinical notes from the date of disability. Have these been included? ◯ Yes ◯ No

Other physician(s)* who have been involved in your patient's care:

**Note: Please attach consultation reports of these specialists. These are required before an assessment can be completed.**

| Physician* | Specialty | City | Date of referral (yyyy-mm-dd) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Was your patient hospitalized for this illness or injury? ◯ Yes ◯ No

| List any surgical procedures performed: | Date(s): (yyyy-mm-dd) | Name of surgeon(s): |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| Employee Name | Employee Number |
|---|---|
| | |

# Attending Physician* Initial Statement
# Claim for Long Term Disability Benefit

## Diagnosis

Primary:

Secondary:

Please list the most disabling symptoms:

Objective signs (including results of current x-rays, EKG reports, blood pressure, laboratory data and any relevant clinical findings).
**Please enclose copies**.

Is the patient: ◯ ambulatory ◯ houseconfined ◯ bedconfined ◯ hospital confined?

What recovery and return to work expectations do you have for your patient?

**NOTE: If a psychiatric illness is present please complete the Attending Physician* Initial Statement form as well as the psychiatric section in the Psychiatric Condition Statement**

## Treatment

What is the current treatment regimen? Please include details of drugs and dosage, physiotherapy, other treatments and patient's progress.

Is the patient following recommended treatment plan? ◯ Yes ◯ No

Please outline future treatments and pending investigations if any.
Please include details of any pending surgery and estimated wait for such surgery.

| Employee Name | Employee Number |
|---|---|
| | |

## Return to Work Planning

What is the earliest estimated date on which improvement will allow a return to work?

| | | |
|---|---|---|
| To their own occupation with or without accommodation? | Part-time (yyyy-mm-dd) | Full-time (yyyy-mm-dd) |
| To an alternate occupation? | Part-time (yyyy-mm-dd) | Full-time yyyy-mm-dd) |

Please list any further treatment or recovery supports that would improve their capacity for work.

## Functional Limitations

**Functional Scale where:**

**Mild Impairment is capable of most useful functioning.**
**Moderate Impairment is capable of some but not all useful functioning.**
**Marked Impairment is useful functioning significantly impaired.**
**Extreme Impairment is incapable of useful functioning.**

**Degree of Limitation**

| **Function** | None | Mild | Moderate | Marked | Extreme | Don't know |
|---|---|---|---|---|---|---|
| Cognition | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Speaking | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Hearing | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Sensation | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Psychological | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Driving | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Walking | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Standing | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Climbing | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Sitting | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Bending | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Lifting (max. weight kg) _____ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Dexterity | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Vision | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Please add any other functions limited by the condition:

| | | | | | | |
|---|---|---|---|---|---|---|
| _____ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| _____ | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

Describe any physical functional limitations that affect your patient's ability to work:

Could the employee's medical condition pose a safety threat to their workplace, the public or themselves? ◯ Yes ◯ No

Do you believe your patient is competent to endorse cheques and direct the use of the proceeds thereof? ◯ Yes ◯ No

| Employee Name | Employee Number |
|---|---|
| | |

# Attending Physician* Initial Statement
# Claim for Long Term Disability Benefit

| Functional Overlay | | |
|---|---|---|
| Are the clinical findings proportional to the patient's complaints? | ◯ Yes | ◯ No |
| Is the recovery prolonged beyond the expected duration for this given condition? | ◯ Yes | ◯ No |
| Do you recommend any further functional evaluation or medical assessment? | ◯ Yes | ◯ No |
| Have all test results, consult reports and any pertinent investigative study results been enclosed? | ◯ Yes | ◯ No |

| Physician* Information and Signature | |
|---|---|
| Physician* Name | |
| Address | |
| Telephone | Specialty |
| Signature<br>X | Date (yyyy-mm-dd) |

By providing this document to the BC Public Service Agency (PSA) or Canada Life the sender is agreeing that they are, or are an employee of, the patient's physician* identified in the form and that this form has been completed by the physician* or an employee of the physician*.

**NOTE: If a psychiatric illness is present please complete the Attending Physician* Initial Statement form as well as the psychiatric section in the Psychiatric Condition Statement.**

**If you have any questions, please call Canada Life toll free at 1-888-292-4111.**

PLEASE NOTE THE PATIENT IS RESPONSIBLE FOR ANY CHARGES INCURRED FOR THE COMPLETION OF THIS FORM.

*** Effective April 1, 2022, BC General Employees' Union, Professional Employees' Association, and excluded employees may have their LTD application forms completed by an attending Nurse Practitioner. Please refer to your collective agreement or terms and conditions of employment for further information.**

| Employee Name | Employee Number |
|---|---|
| | |

BRITISH COLUMBIA
BC Public Service
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# Psychiatric Condition Statement

| Patient's Name | Employee Number |
|---|---|
| | |

**Please provide the appropriate multi-axial diagnosis as described by the most current Diagnostic and Statistical Manual (DSM) using appropriate diagnostic code numbers:**

| | |
|---|---|
| Axis I | Code |
| | Code |
| Axis II | Code |
| | Code |
| Axis III (Any diagnosis not listed earlier) | Code |
| | Code |
| Axis IV | Code |
| | Code |

| AxisV | Current GAF | GAF at prior assessment |
|---|---|---|
| | | |

| Date of your last consultation: (yyyy-mm-dd) | Date of the next scheduled visit: (yyyy-mm-dd) |
|---|---|
| | |

Has the patient been assessed by a psychiatrist or psychologist? ◯ Yes ◯ No

Has a Neuropsychological Assessment or other formal mental status exam been performed or planned? ◯ Yes ◯ No

Please indicate patient's current symptoms manifested and degree of severity:

Is your patient able to perform the following activities?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Daily living | ◯ Yes | ◯ No | ◯ Limited | Travel | ◯ Yes | ◯ No | ◯ Limited |
| Self-care, hygiene | ◯ Yes | ◯ No | ◯ Limited | Social | ◯ Yes | ◯ No | ◯ Limited |
| Household chores | ◯ Yes | ◯ No | ◯ Limited | Recreation | ◯ Yes | ◯ No | ◯ Limited |

| Employee Name | Employee Number |
|---|---|
| | |

BRITISH COLUMBIA
BC Public Service
Where ideas work

# Psychiatric Condition Statement

**Functional Scale where:**

Mild Impairment is capable of most useful functioning.

Moderate Impairment is capable of some but not all useful functioning.

Marked Impairment is useful functioning significantly impaired.

Extreme Impairment is incapable of useful functioning.

| | Impairment | | | | |
|---|---|---|---|---|---|
| **Function** | None | Mild | Moderate | Marked | Extreme |
| Comprehend instructions | ◯ | ◯ | ◯ | ◯ | ◯ |
| Perform simple tasks | ◯ | ◯ | ◯ | ◯ | ◯ |
| Maintain attention to detail | ◯ | ◯ | ◯ | ◯ | ◯ |
| Perform and manage multiple tasks | ◯ | ◯ | ◯ | ◯ | ◯ |
| Make responsible, accountable decisions | ◯ | ◯ | ◯ | ◯ | ◯ |
| Work cooperatively with others | ◯ | ◯ | ◯ | ◯ | ◯ |
| Ability to self-supervise | ◯ | ◯ | ◯ | ◯ | ◯ |
| Deal with confrontational situations | ◯ | ◯ | ◯ | ◯ | ◯ |
| Tolerate distracting stimuli | ◯ | ◯ | ◯ | ◯ | ◯ |

Is this a psychotic episode or are there any psychotic features: ◯ Yes ◯ No

Please explain:

Are the patient's symptoms due to or exacerbated by alcohol or drug abuse? ◯ Yes ◯ No

Please indicate the type, frequency and expected duration of treatment, counselling, therapy, medication prescribed including dosages, start date and any changes.

What is the prognosis?

**We ask you provide copies of all pertinent specialists' consultation reports, progress reports, and test results. Your attention to our request for the information is much appreciated and will greatly assist your patient in the application process for this Long Term Disability benefit. If you have any questions, please call Canada Life toll free at 1-888-292-4111.**

| Physician* Signature<br>X | Date (yyyy-mm-dd) |
|---|---|
| Name (please print) | Telephone |

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PLEASE NOTE THE PATIENT IS RESPONSIBLE FOR ANY CHARGES INCURED FOR THE COMPLETION OF THIS FORM.

| Employee Name | Employee Number |
|---|---|