***LETTER 11 – SUCCESSIVE DISABILITIES***

***This letter is used when an employee is cleared to return to work on a full-time basis beyond the end of the six-month STIIP period or from LTD.***

***PLEASE NOTE***

***The language in this DRAFT letter is intended for use only as a model. Each case is unique and specific language will be required in every instance. Any italicized and bolded text or any text between these two symbols < > needs to be removed or replaced appropriately for each case. Your own ministry letterhead must be used. Your Corporate Advisor is available to provide advice.***

***<Date>***

***<Employee’s name>***

***<Employee’s address>***

Dear ***<Employee>***:

**Re: Return to Full-Time Work from the Long Term Disability (LTD) Period and the Application of Successive Disabilities**

**BCGEU Main Agreement, Appendix 4, Section 2.7**

Congratulations on your successful full-time return to work effective ***<date>*** as a ***<classification>*** at ***<location>***. As you are no longer in the Long Term Disability (LTD) period and you have returned to work, the full terms and conditions of your employment now apply and you may now access your other entitlements (i.e. earning and taking vacation entitlement)

The successive disabilities provision of the LTD Plan will apply for a six-month period after you return to work, beginning *<date>* and ending *<date>*. Please refer to BCGEU Main Agreement, Appendix 4, Section 2.7 for more information (see attached).

This means that all absences due to illness or injury will be reviewed in this six-month period in order to determine whether it is due to a new illness or injury. All absences due to illness or injury during this period are to be recorded using the “Successive Disability LWOP” leave code (select the “Leave Without Pay “ leave category first). These absences are processed as leave without pay pending a review of your eligibility for benefits. ***<For Ministries/organizations NOT using the Time & Leave Management System substitute the former sentence with: All absences due to illness or injury during this period are processed as leave without pay pending a review of your eligibility for benefits.>***

All absences in the six-month successive disabilities period following your return to work will be reviewed to determine if they are related to your original illness or injury. If the absence is deemed related, LTD benefits may be payable (if you applied for LTD). Any related absences will cause the six-month successive disability period to start again. If the absence is deemed unrelated, the absence is referred to the ministry to review and determine eligibility for STIIP benefits.

The six-month successive disabilities period is counted as part of the continuing LTD period.

***<Select the applicable option below. Only include the applicable option and delete reference to the other option.>***

***<OPTION 1 – Include the paragraph below if the employee has applied for LTD and include the Successive Absences Application Form as an attachment.>***

Documentation listing the dates for each absence is submitted to Corporate Health Programs who notifies Canada Life to adjudicate the absences. If absences are of short duration, and no medical documentation has been obtained to indicate the nature of the illness, determination of a successive disability for payment purposes tends to be difficult and prolonged. Therefore, it is strongly suggested that during the successive disabilities period, the Successive Absences Form be completed for any absence due to illness or injury (see attached). This will greatly expedite the decision-making process and will facilitate proper and timely payment of any benefits to which you may be entitled.

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| ***<OPTION 2 – Include the paragraphs below if the employee has NOT applied for LTD. Do not include the Successive Absences Application Form as an attachment as it will not be applicable.>***Although you have not applied for LTD benefits, the adjudication process described above will still apply.If you do not apply for LTD benefits, Canada Life will not have a diagnosis of your original claim. Without a diagnosis, a review of your future absences for payment cannot be made. Therefore, you may not be entitled to receive any STIIP or LTD benefits for absences due to illness or injury until you have a full return to work for a continuous period of six months or more. This is a condition of the LTD Plan, whether you apply for LTD or not.As outlined above, there are significant impacts of not applying for LTD benefits. You are encouraged to submit your LTD application to Canada Life as soon as possible. (NOTE: there is a deadline to apply. An employee who fails to submit their fully completed application for LTD benefits within the four week period will be presumed to have abandoned their claim for LTD benefits.) |

I wish you every continued success in your return to work. Please feel free to call me at ***<telephone number>*** if you have any questions on successive disabilities or concerns around your claim administration.

Yours truly,

***<Supervisor’s name>***

***<Title>***

Attachments:

1. *BCGEU Main Agreement, Appendix 4, Section 2.7*
2. Successive Absences Form

cc: Canada Life (via e-mail to Vancouver.DMSO@canadalife.com)

AskMyHR (scan and submit through an AskMyHR Online Service Request: Select My Team or Organization> Health & Wellbeing> Rehabilitation Letters)

 ***<Name>***, Corporate Advisor, Workplace Health Services, BC Public Service Agency

Corporate Health Programs, Workplace Health & Safety, BC Public Service Agency (via email to CorporateHealthPrograms@gov.bc.ca or fax to 250-387-8230)

 ***<Name>***, Benefits Representative, BCGEU

**Successive Disabilities**

It is important that you are aware that any sick leave absences will fall under the "Successive Disabilities" provision of the Long Term Disability Plan. This provision states:

***(a)*** If, following a period of total disability with respect to which benefits are paid from this Plan, an employee returns to work on a full-time basis for a continuous period of six (6) months or more, any subsequent total disability suffered by that employee, whether related to the preceding disability or not, shall be considered a new disability and the disabled employee shall be entitled to benefit payments in accordance with the provisions of the Plan.

***(b)*** In the event the period during which such an employee has returned to work is less than six (6) months and the employee again suffers a total disability and that is related to the preceding disability, the subsequent disability shall be deemed a continuation of the preceding disability, and the disabled employee shall be entitled to benefit payments in accordance with the provisions of this Plan as though he/she had not returned to work.

***(c)*** Should such an employee suffer a subsequent disability that is unrelated to the previous disability, the subsequent disability shall be considered a new disability and the employee shall be entitled to benefit payments in accordance with the provisions of this Plan.

***(d)*** Limitation of benefits for successive disabilities in (b) and (c) above must be determined within one year from the date of absence due to successive disability.

Note: These absences must be recorded in the payroll system as unpaid time before this application form can be processed.

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| Ministry: |
| Employee last name: | Employee first name: | Employee number: |
| Supervisor last name: | Supervisor first name: | Supervisor e-mail: |
| Employee Signature: | Date: |

Prior to your physician or nurse practitioner (NP) completing the remaining sections, fill in the date of absence(s) and work hours missed. Have your **physician or NP complete** the **“absence and treatment”** and the **“symptoms and severity”** sections. If you did not see a physician or NP for this absence, then complete the form yourself. Return your completed form to:

Corporate Health Programs, BC Public Service Agency

PO Box 9404 Stn Prov Gov’t Victoria BC V8W 9V1

EMAIL CorporateHealthPrograms@gov.bc.ca or FAX (250) 387-8230

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| --- | --- | --- | --- | --- |
| Date of absence | Work hours missed | Date of Return to Work | Reason for absence and treatment provided | What were the symptoms and severity? |
|  |  |  |  |  |
|  |  |  |  |  |
| Physician/NP name (please print): | Physician/NP signature: | Physician/NP phone: | Date: |

***Please note, the patient will remain responsible for the completion of this form and for any incurred charges.***