

Applying for Long Term Disability Benefits

You must be ill or injured for 150 consecutive days (also known as the elimination period) to receive LTD benefits. About four to six weeks before your elimination period ends, ask your Benefits Administrator for an LTD application form. Your Administrator may be able to help you gather the information needed by Manulife Financial, the company that manages our LTD claims.

If you are making an application for Long Term Disability, here is a checklist of the forms that need to be completed.

Forms to be completed by your employer:

- Long Term Disability Checklist
- Long Term Disability Employer Statement
- Current Job Description

Forms to be completed by your physician:

- Attending Physician's Statement



Forms to be completed by you:

- Long Term Disability Employee/Member Statement
- Authorizations and Consent
- Direct Deposit Application (attach a voided cheque)
- Workers' Compensation Benefits Employee Agreement (if your claim is due to a work-related injury)
- Copies of WCB correspondence indicating the status of the claim (if applicable)
- Canada/Quebec Pension Plan Agreement
- Proof of age (birth certificate, driver's license, baptismal certificate, etc.)
- Copies of all medical reports and information about the illness or injury that led to your disability claim. These reports could include specialist reports, x-rays, bloodwork, MRIs, operating room reports, occupational therapy and physiotherapy assessments and progress reports, and so on.

Once completed, forward the forms to your Benefits Administrator who will send them on to us or, if you prefer, you can send them to us directly. We will then process the application and forward it to Manulife Financial for review.

Here's what happens once Manulife Financial receives your LTD claim:

Within two business days of receiving your LTD application, Manulife will contact you to confirm that they have received it and to let you know it has been assigned to a Case Manager.

Within five business days, your Case Manager will review your file. He or she will telephone you to review the LTD process and the status of your claim, and to let you know if any more documentation is needed to reach a decision. Remember, it's important to have all the paperwork completed for your application. If any of this paperwork is missing, you will experience delays in having your claim processed.

If your Claim is Approved

Once your claim is approved you will receive your first LTD benefit payment by cheque. Subsequent payments will be deposited in your account on the last banking day of each month. If you are paying premiums for either Group Life, Optional Life, Critical Illness and/or Accidental Death and Dismemberment insurance with Health Association Nova Scotia, your premiums may be waived (meaning you will not have to pay for this coverage) while you are receiving LTD benefits. If you have already paid premiums for a time period for which you eventually receive LTD benefits, your employer will refund these premiums; however, you do still have to pay the premiums for Extended Health and Dental coverage.

Throughout your claim, your Case Manager will contact you to obtain additional information as needed. You can also use this opportunity to discuss any concerns or plans for returning to work. For example, if your doctor feels you are able to return to either full or part-time work, or if some changes at your workplace mean you can return safely, you need to let your Case Manager know right away.

Rehabilitation

Every approved LTD claimant's file is sent to a Manulife Rehabilitation Specialist to see if there is potential for rehabilitation and a possible return to the workplace. Sometimes, even though you cannot perform "all" the duties of your job, your employer may be able to make some adjustments that would allow you to return to work safely and earlier than expected.

If your Claim is Denied

If your claim is denied, you can choose to participate in an appeal by participating in the Dispute Resolution Process. The purpose of the process is to provide a just and speedy resolution through a mediation process and, if required, an arbitration process. The appeal is conducted by a Dispute Resolution Authority who is independent and has no prior knowledge of your claim.

If you wish to start an appeal, complete the required form provided by the claims adjudicator and send it to Health Association Nova Scotia Disability Administration right away.

Health Association Nova Scotia is a registered business name of Nova Scotia Association of Health Organizations. NSAHO is settlor of the LTD Trust Fund and a Trust Agreement is in place with respect to the governance and administration of the Plan. Therefore, we continue to use our corporate name when referring to the NSAHO LTD Plan.

*If you have questions about your benefits, please talk to your Benefits Administrator.
You can also call Health Association Nova Scotia at 1-866-886-7246
Visit www.healthassociation.ns.ca/benefits*

