

## APPENDIX B - LTD

Related Articles: 13.05, 19, 37, 42, 46, 49, 55, Appendix B - LTD, MOA - Early Intervention Program

### LONG TERM DISABILITY - INFORMATION FOR NEW CLAIMANTS

**New in 2006:** Also see information on the Early Intervention Program (EIP) in the Tools Section of this manual

#### 1. INTRODUCTION

If your claim for Long Term Disability (LTD) has recently been approved by Great-West Life there is a lot of information to help you during this period. This document will supplement the information contained in:

- The Provincial Collective Agreement;
- Your Long Term Disability Claim Package: Forms and Information,
- Your Group Benefit Plan, the booklet outlining your health and welfare benefits; and
- A Guide for Plan Members: Everything you need to know about your pension plan.

This information has been developed for new claimants under the Provincial Collective Agreement (PCA). However many sections apply to all claimants covered by the PCA.

*USE THIS INFORMATION TO HELP YOU TO:*

- apply for LTD
- interact with Great-West Life (GWL), the claims paying agent;
- document your LTD claim;
- access rehabilitation support;
- obtain information from the appropriate individuals and/or organizations that can offer assistance;
- understand other benefits to which you may be entitled;
- know what to do if you are able to return to work; and
- take appropriate steps if you receive money for your disability from another source such as Workers' Compensation Board, Canada Pension Plan, ICBC or a private LTD plan;

#### 2. APPLYING FOR LTD - WHAT TO EXPECT

Your Employer has the forms required to apply for LTD. **Ask your Employer for the Healthcare Benefit Trust's "Your Long Term Disability Claim Package"**. This package contains application forms and general information.

In accordance with Appendix "B", Section 11 of the Provincial Collective Agreement, members who are applying for LTD must provide written notice of a claim to the claims-paying agent (The Great West Life Assurance Company) no longer than forty-five (45) days after the earliest foreseeable commencement date of benefit payments, i.e. members have 45 days after the end of the 5 month qualification period to forward their application to GWL or 45 days from the termination of their WCB benefits.

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If you have any difficulty completing the application forms, please contact your Steward, your LTD caucus, or your Regional OH&S Representative. You can find the name of your Steward by calling your Employer, your Regional OH&S Representative or the BCNU Switchboard at 1-800-663-9991.

### 3. INCOME SOURCES DURING THE FIVE (5) MONTH QUALIFICATION PERIOD

During the 5 month qualification period, determine whether you may qualify for any of the following sources of income:

- Sick pay from your Employer
- Vacation pay
- Banked overtime
- Employment Insurance Sickness Benefits
- Canada Pension Plan disability benefits (payable after 4 months of disability)
- Workers' Compensation wage loss benefits (if you were injured at work) or rehabilitation benefits
- ICBC wage loss benefits (if you were injured in a car accident)
- BC Ministry of Human Resources benefits ("Pensions with Disabilities" benefit, social assistance)
- Other disability income through a private insurer.

### 4. YOUR FIRST TWO (2) YEARS ON CLAIM-WHAT TO EXPECT FROM GREAT-WEST LIFE (GWL)

For the first two years on claim you must be unable to work at your **own job** because of an accident or illness. The two year period starts with your first day on claim - it does not include the five month waiting period. To be accepted on claim, your attending physician(s) provided GWL with information about your medical condition, including the diagnosis of your condition and your physical and mental capacities and limitations.

You may have been on a WCB or ICBC claim before applying for LTD. If you applied for LTD after your WCB or ICBC claim ended, your date of disability for LTD purposes is the same that was used for your WCB or ICBC claim. Your two (2) year "own job" period starts five (5) months from the date of your disability.

GWL will require periodic medical information from your physician, usually every six months. You are responsible for the cost of supplying this information.

The questionnaires that your physician(s) may be asked to complete include:

***Attending Physician's Statement of Continuing Disability (Form C):*** This is a standard GWL form sent to you to take to your physician. Each question must be answered clearly and completely. If your physician indicates on the Form that there is improvement leading to a possible return to work, GWL may refer the file to a rehabilitation consultant, request further clarification or terminate the claim.

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**Request for Further Information from Attending Physician:** If GWL is not satisfied with the information it receives from your physician, a further request may be made. GWL sometimes requests information directly from your physician. The questions asked are detailed and specific to your condition. Information requested can include:

- dates of your last 3 consultations and the next scheduled visit;
- current symptoms and degree of severity;
- current limitations and restrictions for activity;
- type, frequency and expected duration of treatment;
- response to treatment;
- what circumstances would prevent you receiving treatment and working at the same time;
- your prognosis and close to the two-year mark, your ability to perform alternate employment; and
- additional comments that would assist GWL in adjudicating the claim.

**Employee Status Report:** This form asks you questions about your activities of daily living and requests some or all of the following information:

- a description of your daily routine on good, average and bad days;
- frequency of good, average or bad days in a month;
- the length of time you can tolerate certain activities such as walking, standing, sitting, lifting etc.;
- whether your condition has improved, remained the same or deteriorated;
- your current treatments and their frequency;
- list of medications including doses and frequency;
- information about your recreational activities, hobbies, etc.;
- other income;
- whether you have worked or volunteered in any capacity; and
- outline of required assistance in your daily life.

It is important that you respond to all the questions honestly and return the questionnaire promptly. Failure to respond in a timely manner can have serious consequences, up to and including possible termination of your claim.

### 5. TIPS ON OBTAINING SUPPORTIVE MEDICAL EVIDENCE

It is important to see your physician(s) as close to receiving a request for medical evidence as possible to minimize delay in obtaining the information from your physician and submitting it to GWL. It is critical that your physician addresses your disability, not just your diagnosis. Your doctor is advised to:

- describe the limitations caused by your conditions;
- include clinical signs and symptoms
- explain any diagnostic tests that support the disability; and
- explain how your limitations prevent you from working or restrict your ability to perform your full duties and hours of work.

Complete and detailed documentation, including any new diagnoses that occur after your initial claim information was made, must be submitted to support your claim. If this information is not provided, GWL may contact your physician directly or provide you with a list of questions for your physician or simply terminate your benefits.

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Incomplete information can result in the termination of benefits if GWL feels that there is insufficient medical evidence to support your ongoing medical need for LTD benefits.

See *"Request for Medical Information"*.

### 6. CONSULTING WITH MEDICAL SPECIALISTS

Usually conditions that result in prolonged total disability will involve assessment by a specialist. In most instances, this will be obvious to you and your family physician. GWL will want to know that a specialist has confirmed a diagnosis (especially where this may be in doubt), determined that your treatment is appropriate or has recommended additional treatment, and has provided an analysis of the effect of the diagnosis, especially if it does not follow a normally expected pattern.

For conditions that may have a subjective component such as pain conditions, fibromyalgia, and chronic fatigue syndrome, GWL may want to know whether a specialist confirms the diagnosis. If a claimant's specialist does not confirm the diagnosis, GWL may terminate the claim or request further information, such as an assessment by an independent physician or a functional capacity evaluation. If your condition involves a psychiatric illness, it may be particularly important to be seen by a psychiatrist.

Demonstrating your willingness to seek appropriate treatment is important in maintaining your claim.

### 7. DISABILITY CRITERIA AFTER TWO (2) YEARS ON CLAIM – WHAT HAPPENS WHEN THE DEFINITION OF DISABILITY CHANGES

After two years on claim, GWL will assess your condition based on a different definition of disability. GWL will be looking for medical information that supports your inability to perform the duties of **any gainful occupation** (not just nursing). You will no longer be considered disabled if you are able, by reason of education, training and experience, to perform the duties of any gainful occupational for which the rate of pay equals or exceeds 70% of the current rate of pay for your occupation at your date of disability.

GWL assesses all claims at the two year mark. Many claims are terminated at this time. You should be prepared. If your medical condition, as determined by your treating physicians, allows you to return to work in any gainful occupation, it is advisable to make every effort to seek such employment. If you do apply for jobs, keep a journal of all your contacts and keep copies of all relevant correspondence and job ads.

Getting an appointment with a specialist can take months. Allow for this delay and book your appointments a few months prior to the definition change date. Complete and detailed information must be submitted to support your claim.

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GWL may also send you for an independent medical assessment (IMA) or a functional capacity evaluation (FCE). In the BCNU's experience the likelihood of being referred for an IMA or an FCE increases when GWL considers that:

- the diagnosis of your condition is vague;
- your condition has few objective findings and your capabilities do not match with the medical evidence on file;
- the medical evidence is limited or conflicting;
- there is no ongoing treatment; or
- a specialist is not involved where one may be appropriate.

If GWL recommends an Independent Medical Assessment or a Functional Capacity Evaluation, you must comply with that request. If you have concerns about these assessments, you can contact the BCNU office for advice. It is important that an appropriate assessor be selected to conduct the assessment. The BCNU has on occasion been able to negotiate with GWL to ensure that an appropriate assessor is selected.

### 8. DOCUMENTING YOUR CLAIM

Carefully review and keep all records including:

- all the information in the LTD Claims Package;
- copies of all information you receive from or submit to GWL, vocational rehabilitation consultants from the Healthcare Benefit Trust (HBT), your Employer, your physicians (The Healthcare Benefit Trust is the administrator of all the health and welfare plans under the PCA);
- notes of your claim related telephone conversations or meetings;
- documentation related to any attempts to return to work, including copies of approved rehabilitation plans, return to work schedule(s), and
- copies of job application; and
- responses if you are seeking alternate employment.

### 9. LTD BENEFIT PAYMENTS – INDEXING

If you were disabled on or after April 1, 1998, your LTD benefit increases periodically to reflect negotiated wage increases. This is referred to as indexing. The increases start after you have been on claim for four years i.e. 4 years and 5 months after your date of disability.

Your LTD benefit will be adjusted to reflect the current wage rate for the job you held on the date of your disability. The benefit will be recalculated based on the same formula used to calculate your original entitlement. (Also see 12. "Other disability income while on claim" below.)

### 10. EMPLOYMENT STATUS WHILE ON CLAIM

During your waiting period and the first two years on claim, your position is held for you. After the two year "own occupation" ends, your position is posted and you remain an employee with rights to return to work in an equivalent position using your seniority rights under the Collective Agreement.

If you have concerns about your status with your Employer, benefit entitlements or return to work options, **please contact your BCNU OH&S Steward.**

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### 11. HEALTH AND WELFARE BENEFITS WHILE ON CLAIM

**Health and Welfare Benefits:** In order to maintain Medical Services Plan, Extended Health and Dental benefits through your Employer, you must pay 50 percent (50%) of the cost of the premiums. Your Employer is required to pay the other half. Your premiums for Long Term disability, Group Life Insurance and Accidental Death and Dismemberment are waived. The premiums paid on your behalf that are considered taxable income by Revenue Canada will continue to be taxable and a T4 slip will be mailed to you from the Healthcare Benefit Trust.

**Seniority:** You will continue to accrue seniority for the purposes of bidding on vacancies and bumping but not for any wage based entitlements, such as increments on the pay grid, severance or vacation entitlement.

**Municipal (MPP) or Public Service Pension Plan (PSPP):** You continue to accrue years of pensionable service while on an approved LTD plan. No contributions are required from you or your employer. When you retire, your Highest Average Earnings will be based on your pre- disability earnings indexed to keep pace with the cost of living. The annual Member Benefit Statement you receive does not reflect the indexing of your Highest Average Earnings and therefore does not reflect the true value of your projected pension.

**Early Retirement Incentive Benefit:** You may be eligible for the Early Retirement Incentive Benefit (ERIB) after four years on claim. This benefit is described in Appendix B, Section 14 of the PCA. You will be offered an ERIB only if the combination of your retirement pension, CPP retirement or disability benefit, and any other disability income noted under the PCA is greater than your LTD benefit.

**RRSP Contributions:** Because you accumulate service while you are receiving LTD benefits, you continue to receive a pension adjustment statement each year to file with your income tax return. The pension benefit you accrue each year limits your RRSP room and it is important that you do not over contribute to your RRSP.

### 12. OTHER DISABILITY INCOME WHILE ON CLAIM

If other disability income is available to you, such as a Canadian Pension Plan (CPP) disability pension or WCB benefits, you must apply for those benefits. GWL will request proof of application.

12.1 **Canada Pension Plan (CPP) Disability Benefits:** When you applied for LTD benefits you were also required to apply for Canada Pension Plan (CPP) disability benefits. Not everybody is accepted for CPP disability benefits as the CPP definition of disability is more stringent than that for your LTD.

**CPP definition of disability:** You must be deemed to have a "severe" and "prolonged" mental or physical disability to qualify for CPP disability benefits. CPP defines a disability as "severe" when it makes the person "incapable of regularly pursuing any substantially gainful occupation." CPP considers the condition to be "Prolonged" if it is likely to be long continued and of indefinite duration or is likely to result in death."

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*If you receive CPP disability benefits you must report it to GWL and provide them with copies of your CPP statement. GWL will reduce your LTD benefit by*

an amount equivalent to the initial amount of CPP disability benefits that you receive. The offset is re-calculated when your LTD benefit is indexed every four (4) years. In the meantime your monthly income will periodically increase by any cost of living increases to your CPP disability benefit.

If you have not applied for CPP disability benefits and your LTD claim has been accepted, Great-West Life may estimate what your CPP disability benefit might be and deduct an equivalent offset amount from your monthly LTD benefit. If this occurs, you need to apply for CPP disability benefits without any further delay and confirm it with GWL.

If you were initially denied for CPP disability benefits but your condition deteriorates, it may be advisable to re-apply for CPP disability benefits.

While BCNU does not provide any assistance with respect to CPP disability benefits, you can obtain a "CPP Disability Benefit Information Package" through the BCNU website ([www.bcnu.org](http://www.bcnu.org)), your OH&S steward, or the BCNU's OH&S Department.

### 12.2 WCB pension & rehabilitation benefits

If you receive a WCB pension or rehabilitation benefits, you are required to report it to the GWL. GWL will reduce your LTD payments by an equivalent amount.

Any indexing to your WCB pension will not be integrated with your LTD benefit until it is re-calculated every four years (indexed) to keep pace with negotiated wage increases.

### 12.3 Retroactive lump sum awards from other sources

If you receive a retroactive, lump sum award (*e.g.: WCB, ICBC, CPP*) for a period of time when you also receive LTD, you will be required to repay LTD. If you receive a retroactive award, inform GWL as soon as possible and set aside funds for repayment. *You will receive a letter from GWL advising you of the amount that is owing. Early repayment entitles you to a 10% reduction in the amount owing.*

#### WCB and ICBC Awards

If you receive interest on a WCB award, you may also be expected to pay the Healthcare Benefit trust a portion of the interest. *Failure to repay monies owing will result in serious consequences.* If you have concerns about the amount requested by HBT, contact the BCNU office. *You should also request that GWL provide you with a breakdown of their calculations.*

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### CPP Award

*If GWL deducts an amount of money for CPP disability benefits from your LTD payment before you have been accepted by HRDC for a CPP disability pension, contact the BCNU office right away. We will assist you with the appropriate course of action, whether it be an appeal or a grievance.*

*Medical Employment Insurance (EI):* If you received medical EI benefits for a time period that a retroactive LTD benefit covers, you are required to pay back the medical EI benefit for any overlapping period.

*ICBC Award:* Insurance awards are also integrated with LTD but the calculation is based on recovery of 100% of your pre-disability earnings. The amount of your repayment will be reduced by an amount attributed to the cost of obtaining the award.

*Private Insurance:* Private or individual disability insurance is not deducted from your LTD benefit.

### 13. REHABILITATION

When you are on LTD you should plan for the future. The longer you remain out of the workforce, the more likely you will experience difficulties returning to work. If it is likely that you will be able to return to work in some capacity, you should take advantage of the rehabilitation services of the Healthcare Benefit Trust (HBT) as early as possible.

Rehabilitation is offered by **Vocational Rehabilitation Consultants** employed by the Healthcare Benefit Trust. They offer a range of services such as work hardening and back care programs, psychological support and counselling, vocational evaluation and assessment, retraining, job exploration and development, and assistance with return to work programs and rehabilitative employment.

Great-West Life may refer your file to an HBT Vocational Rehabilitation Consultant. An Approved Rehabilitation Plan (ARP) can be developed with them (see the PCA, Appendix B, Section 3(C)(3-5). You have the right to BCNU representation during this process but you must request it by contacting your workplace BCNU OH&S Steward. BCNU is not automatically advised that HBT is working with you to establish a rehab program.

You may contact a **Vocational Rehabilitation Consultant** at any time. The more proactive you are in your rehabilitation, the more likely you are to succeed with your efforts.

### 14. RETURNING TO WORK

Please note that **any income earned from working while on claim is reportable to GWL**. The work must also be approved under an **Approved Rehabilitation Plan** (see 13 "Rehabilitation" below) by a **Vocational Rehabilitation Consultant** at HBT. When you are ready to return to work, you may benefit from a number of programs:

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**Early Safe Return to Work Program (ESRTW):** See Appendix D of the Provincial Collective Agreement for detailed information about setting up an ESRTW program and a description of benefit entitlements.

The ESRTW program is a voluntary program and offers you the ability to return to work as an extra person (supernumerary), at a safe, gradual pace as soon as you are able to do so. When you are ready to return to work, obtain a letter from your physician that includes:

- support for participation in a return to work program;
- the date on which you are able to return;
- your limitations on work activities, environment, hours and shift schedule;
- approximate time frame for the program; and
- any other details that affect your successful return to work.

Once you have the required information, notify your employer and contact your BCNU OH&S Steward. In accordance with your Collective Agreement provisions, your steward needs to attend the return to work meeting with you and advocate on your behalf.

A written plan (**Approved Rehabilitation Plan**) will be developed and must include:

- an outline of expectations and responsibilities;
- a schedule of work dates and hours;
- a summary of duties and restrictions;
- details of any work environment modifications; and
- the names of individuals you can contact during your program and who will evaluate its success with you.

**Rehabilitative Employment:** If you are not able to fully return to work, but can work reduced hours, you may return under a rehabilitative employment program as part of an Approved Rehabilitation Plan. You will receive your LTD benefit plus your earnings, up to a maximum of 100% of the current rate of pay (during the first two years of your claim) for your pre-disability job. If you obtain work on your own which is not approved under an ARP, your LTD benefit will be reduced by 100% of your earnings.

**Duty to Accommodate:** Employers are legally obligated to accommodate employees with disabilities up to the point of undue hardship. Employers have the primary responsibility to make efforts to accommodate employees.

Disabled nurses and the Union have a responsibility to participate and be reasonable in the search for accommodation. If you are seeking an accommodation, it is very important that you contact your OH&S Steward who, along with a BCNU Labour Relations Officer, will assist you.

Contact your BCNU Steward and / or the BCNU website for more information.

### 15. WHAT TO DO IF GREAT-WEST LIFE TERMINATES YOUR CLAIM

If you do not agree with a decision by GWL to terminate your benefit, you have a right to appeal. You can obtain assistance from the BCNU OH&S Department for the appeal.

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If you believe there is a lack of medical evidence supporting your claim or there is an error in communication by your physician and/or specialist, schedule an appointment as soon as possible to discuss your medical situation. Some appeals resolve by simply submitting the necessary medical evidence or clarification.

In other cases, a formal appeal process, with BCNU's assistance, is necessary to challenge the insurer's decision. For more information, contact the BCNU office.

Sometimes BCNU members are requested by their Employer representatives e.g. by an occupational health nurse to sign off authorization to allow them to discuss the member's disability with their physician. **DO NOT SIGN** such authorizations, but contact your BCNU OH&S steward for assistance and advice.

### 16. BCNU'S LTD CAUCUSES

BCNU members on LTD have developed networks to offer support and assistance to each other. Caucus members are on LTD themselves and many have come to the aid of their colleagues on LTD on a regular basis.

If your region does not have an LTD Caucus, you may consider forming one. The Provincial LTD Representative, one of the LTD Caucus Coordinators in another region and/or the BCNU Regional OH&S Representative in your area.

### 17. OBTAINING HELP & ACCESSING INFORMATION

#### *Accessing Information:*

- If you have questions in the course of your claim, you may be able to find the answers in the documents provided to you such as your LTD claim package (provided to you by your Employer), the PCA, your Group Benefits booklet, pension guide, BCNU's website ([www.bcnu.org](http://www.bcnu.org)), this document or other BCNU publications or LTD bulletins.
- If you can not find the information that you are seeking, you can obtain assistance from your BCNU OH&S Steward, your Employer, the Healthcare Benefit Trust or the Pension Corporation of BC, whichever may be applicable.
- Contact your BCNU OH&S steward and your Employer for:
  - general questions on your rights under the PCA;
  - returning to work or rehabilitative employment opportunities; and
  - payment of premiums and entitlements under your health and welfare benefit programs.

### 18. CONCLUSION

BCNU recognizes that this may be a very stressful time for you. We hope to provide assistance to you to ensure that you are accepted and maintained on claim according to the conditions set out in the Provincial Collective Agreement.

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If you experience difficulties, please contact the appropriate organization and individual as indicated under "Frequently Asked Questions and Accessing Information".

Visit BCNU's website at [www.bcnu.org](http://www.bcnu.org) for further information on "contacts" and information on a number of relevant topics such as LTD, health and welfare benefits, and pensions.

### GLOSSARY OF TERMS

**Approved Rehabilitation Plan (ARP)** is a rehabilitation plan developed jointly by you and a Vocational Rehabilitation Consultant from the Healthcare Benefit Trust. You have the right to representation by BCNU if you so choose.

**Canada Pension Plan (CPP)** is the federal pension plan that provides disability and retirement benefits.

**Cognitive assessments** are used to assess an individual's decision making and multi-tasking capability among other important abilities that may be affected by a disability.

**Early Safe Return to Work (ESRTW)** is a program under Appendix D of the Provincial Collective Agreement that allows you to return to work gradually and safely.

**Early Retirement Incentive Benefit (ERIB)** is a program negotiated between BCNU and HEABC offered to claimants who would benefit from terminating their LTD and taking early retirement.

**Functional Capacity Evaluation (FCE)** Often also referred to as a functional capacity assessment, work capacity evaluation or work readiness evaluation.

A FCE measures an individual's capacity to independently perform the demands specific to the job position in order to clarify their capabilities and limitations. The assessment evaluates the physical capacity of a disabled worker in performing a standardized set of tasks (including demands specific to the job tasks, e.g. crushing pills, pushing a cart/bed, repositioning or transferring a patient, sitting, standing and walking tolerance). The assessment may be carried out by a physical or occupational therapist, kinesiologist, or other specifically trained and certified individual.

**Functional Limitation** A limitation for a person's physical ability to perform certain tasks altogether or in a limited capacity e.g. sitting; reaching. (See Appendix 2, question 4 for further examples.)

**Great-West Life (GWL)** is the insurance carrier that assesses your LTD claim and pays your benefit.

**Healthcare Benefit Trust (HBT)** administers all your health and welfare benefits. HBT contracts with organizations such as Great-West Life and Pacific Blue Cross who assess and pay claims.

**Independent Medical Examination (IMA)** is an examination by a physician required by the insurance carrier.

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The interpretations in this manual are provided on a *without prejudice, errors and omissions basis* to any position Unions in the Nurses' Association of Bargaining Agents may take in any arbitral proceeding or any other forum.

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**Long Term Disability (LTD)** is the disability plan outlined in detail in Appendix B of the Provincial Collective Agreement.

**Municipal Pension Plan (MPP)** is the public sector pension plan that applies to most nurses covered by the PCA.

**Provincial Collective Agreement (PCA)** is the collective agreement between the British Columbia Nurses' Union and Health Employers' Association of B.C. It governs wages and benefits and employment conditions.

**Public Service Pension Plan (PSPP)** is a public sector pension plan to which a small number of nurses covered by the PCA belong.

**Task or Job Demand Analysis** An analysis of a job by breaking the physical and psychological demands of the job into tasks. Each of the tasks is then assessed by looking at the duration and frequency at which it has to be performed. This assessment includes evaluation of physical functions such as pushing, pulling, lifting, reaching demands of the job with detailed information of weights, distances etc. in addition to the type of environment the tasks are performed in.

**Work Hardening** Rehabilitation designed to prepare a worker to return to a pre-disability or alternate job by building strength, flexibility, and endurance. Work hardening may take place at a rehab clinic and/or at the worksite.

**Workers' Compensation Board (WCB)** is the provincial body that is responsible for the health and safety of BC workers and that pays claims for injury and illnesses caused by work.

### REQUEST FOR MEDICAL INFORMATION

The following questions can assist your physician in providing information about your disability and the associated limitations.

1. (a) What is your patient's primary diagnosis and any complicating factors?  
(b) If your patient has a secondary diagnosis, to what extent does it contribute to your patient's condition?
2. What is the clinical evidence of the condition(s)? Please provide a detailed description of physical findings and copies of diagnostic tests, lab tests, consultation reports, physical, psychiatric or cognitive assessments.
3. What are the current signs and symptoms and the degree of their severity?
4. What is your patient's current treatment plan, including medication type, frequency and dosage and expected duration of treatments (physiotherapy, massage, chiropractics, counselling, psychotherapy etc.)?
5. What is the future treatment plan?

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6. What are your patient's functional limitations and restrictions on work related activities and their degree?
  - Sitting
  - Remaining in one position for a prolonged time
  - Standing
  - Walking
  - Psychological
  - Balance
  - Concentration
  - Pushing or Pulling
  - Memory
  - Lifting (indicate max. limit)
  - Cognitive function
  - Reaching (indicate at what level)
  - Ability to multi-task
  - Manual dexterity - hands & fingers
  - Ability to work in stressful situations
  - Bending or stooping
  - Crouching
  - Visual Acuity: near, far, night vision
  - Kneeling
  - Ascending/descending stairs
  - Speech
  - Driving
  - Hearing
  - Performing any unusual motion
  - Administration of medications
  - Ability to supervise others
  - Work environment exposures (e.g., latex, chemicals, pharmaceuticals)
  - Sensation
  - Any other functions limited by illness or injury
  - other, please explain
7. Are your patient's limitations supported by clinical findings?
8. What is your patient's prognosis?
9. Is your patient capable of performing the duties of:
  - a) her/his own occupation (nursing)
  - b) any other alternate occupation?
10. Is your patient capable of engaging in a rehabilitation program? What restrictions would apply?
11. Please provide any additional comments that would help Great West Life to understand your patient's limitations.

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### Denial or Termination of your LTD Benefit

#### Information on how to appeal

##### 1. INTRODUCTION

This information has been prepared by the BCNU to assist you in appealing the Great West Life's (GWL) decision to deny or terminate your LTD benefit. Great West Life may deny or terminate claims for a number of reasons, including insufficient medical information to show that you cannot work. If you do not agree with the GWL's decision, you may appeal it.

Other documents that will help in answering your questions on general issues and appeals are:

- The Provincial Collective Agreement (PCA);
- Your "Long Term Disability Claim Package: Form and Information";
- Your "Group Benefit Plan", booklet outlining your health and welfare benefits; and
- A "Guide for Plan Members - Everything You Need to Know About Your Pension Plan".

The information in this document supplements the above listed documents and applies to claims filed under the Provincial Collective Agreement. In the course of your appeal process you may have questions for which you can find answers in the above listed documents or this document.

If you can not find the information that you are seeking in any of the above listed documents, see Appendix 2 for commonly asked questions on issues affecting LTD claimants and whom you can contact for help.

##### 2. GOALS OF THIS INFORMATION PACKAGE

This information package outlines the general process for appealing the denial or termination of LTD benefits. Its intent is to help you through this stressful time by providing you helpful information and tools to expedite the appeal process.

The specific goals of this package are to:

- inform you of the most common reasons why claims are denied or terminated by Great West Life by providing quick guidelines to overcome such situations;
- direct you to appropriate assistance;
- review the appeal and Claims Review Committee (CRC) process;
- explain what is needed from your physician(s) and other care providers;
- help you to gather and organize information for your appeal;
- explain where and how you can obtain assistance for your appeal;
- provide generic questions that you can submit to your physician(s) to assist them in documenting your disability;
- review the steps you need to take if planning to return to work or seek accommodation due to disability;
- direct you to the appropriate assistance on questions you may have about your pension plan; and
- inform you of the BCNU LTD caucuses that can provide you support and additional information during this stressful time.

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### 3. MOST COMMON REASONS FOR DENIAL OR TERMINATION OF BENEFITS

The following are the most common reasons why nurses' LTD benefits are denied or terminated:

- insufficient medical evidence or absence of clinical signs and symptoms of a disabling condition;
- Inability of medical evidence to explain all of your disabling conditions and associated limitations;
- your condition has few objective findings and your capabilities do not correspond with the medical evidence on file;
- the extent of your medical limitations is not tied to your inability to work or other vocational issues;
- your physician does not support the condition as being disabling;
- medical evidence is too subjective, too vague or is not supported by clinical evidence (e.g. x-ray, laboratory results, diagnostic tests, functional capacity evaluation, mental health status assessment results or depression status related score);
- you may have a prolonged condition but have not seen a specialist to confirm your diagnosis and ensure that you are on an appropriate treatment or rehabilitation plan. This is especially important for conditions that may have a subjective component such as pain conditions, fibromyalgia, and chronic fatigue as well as psychiatric conditions;
- there is no ongoing treatment/rehabilitation plan;
- your Employer has not adequately outlined the physical/cognitive/psychological demands of your job in the 'Employer's Statement' that they submitted to Great West Life;
- your physician has not responded to Great West Life's requests or has not responded clearly and completely;
- you have provided insufficient information on the Employee Status Report sent to you by Great West Life. In cases where Great West Life does not get a response they may terminate the claim;
- Great West Life has sent you for an independent medical evaluation (IME) or a functional capacity assessment (FCA) which does not support your disability; or
- Great West Life has not been provided sufficient information on your return to work attempts or failed rehabilitation efforts.

If you realize that your claim information has shortcomings related to any of the areas indicated above, identify how best to overcome it by providing additional information or clarification. You can discuss it with your care providers, contact your BCNU OH&S steward for ideas or obtain assistance from the BCNU OH&S Department staff. When obtaining additional medical evidence from your physician, you can use Appendix 2 of this information package to assist your physician in substantiating your disability and the associated limitations.

## APPENDIX B - LTD

### 4. DISABILITY CRITERIA - DEFINITION OF DISABILITY

A clear understanding of the criteria (refer to Appendix 5 of this document for your LTD Insurance Plan language) that Great West Life uses to assess your disability will assist you in understanding what information Great West Life is looking for.

#### 4.1 *Criteria during the waiting period and first two (2) years on claim*

During the five month waiting period (sometimes also referred to as the qualifying period) and for the first two (2) years on claim (own occupation category), you must be unable to work at your own job because of an accident or illness. Any return to work efforts during this time period must be medically supported with a letter from your physician and implemented under the PCA provisions for rehabilitation (Appendix 'B', Section 3 (C)(3)- (5) of the PCA) and/or the Early Safe Return to Work language (Appendix 'D' of the PCA). The medical evidence for an appeal during this time would need to support your inability to do the full scope of your own nursing job.

#### 4.2 *Transition from other claims*

You may have been on a WCB or ICBC claim before applying for LTD. If you applied for LTD after your WCB or ICBC claim ended, your date of disability for LTD purposes is the same that was used for your WCB or ICBC claim. Your two year "own job" period starts five months from the date of your injury/disability.

#### 4.3 *Disability criteria after two (2) years on claim*

After two years on claim, Great West Life assesses your condition based on a different definition of disability. Great West Life requires medical information that supports your inability to perform the duties of any gainful occupation (not just nursing). You are no longer considered disabled if you are able, by reason of education, training and experience, to perform the duties of any gainful occupation for which the rate of pay equals or exceeds 70% (85% for those that are considered existing claimants) of the current rate of pay for your pre-disability occupation. The majority of claims that are terminated are discontinued at the two-year definition change.

### 5. INDEPENDENT MEDICAL EVALUATIONS AND FUNCTIONAL CAPACITY ASSESSMENTS

At times the Great West Life Case Manager may request a second opinion or an independent medical examination. If Great West Life recommends an independent medical evaluation or a functional capacity assessment, you must comply with that request. However if you have concerns regarding the type of assessment or the individual who may be performing the assessment, you can contact BCNU office for advice. For valid reasons, BCNU has on occasion been able to negotiate with Great West Life for a different type of assessment or has ensured that another assessor was selected.

#### 5.1 *Reasons for independent medical evaluations*

- The decision for the referral may be based on a number of factors including:
- concern about the duration of the claim, especially if it is approaching or exceeding two years;
  - inconsistent, conflicting medical evidence or differences of opinion in the interpretation of the medical evidence;
  - clarification on prognosis or treatment;
  - lack of evidence on functional limitations;

## APPENDIX B - LTD

- concern about validity of the claim;
- lack of cooperation of treating physician(s) in providing information; or
- to assist the Case Manager with case resolution and/or rehabilitation planning direction.

### 5.2 *Tips for good outcomes*

Having to attend a Great West Life ordered assessment can be very stressful. To manage any apprehension you may be feeling and to ensure that you will get the most of your assessment, remember the following tips:

- know your medical history and review all relevant information;
- ensure you know where you are going and be on time;
- ask the assessor if your medical history has been provided to them;
  
- be honest and straight forward;
- ensure that you are able to explain why you may not be capable of pursuing your own or alternate employment;
- if the assessor is not asking you questions you feel would be relevant, ask to elaborate on information that you feel would be important for them to know; and
- ask for a copy of any report to be forwarded to your treating physician.

### 5.3 *Functional capacity assessments (FCA)*

The Great West Life Case Manager may choose to refer you to a FCA instead of or in addition to an IME. The FCA is an evaluation of your physical functional abilities and limitations. The FCA uses research based practical testing protocols that consist of various assessments and simulated work tasks.

If you have concerns about increased pain or other difficulties that may result from a FCA, you need to discuss it with your assessor. You may also want to pre-book an appointment with your primary care provider immediately after the assessment.

The FCA is used as a tool to identify your physical abilities in order to assess your capability of performing your nursing job or employability for other occupations and to clarify prognosis for work readiness.

## 6. THE APPEAL PROCESS

### 6.1 *Basic steps*

If you do not agree with the Great West Life's decision that denied or terminated your LTD benefits, you can appeal it by supplying further information. The basic appeal process involves the following steps:

- carefully review Great West Life's decision letter that denied/terminated your benefits;
- if you do not agree, write to your Great West Life Case Manager of your intention to appeal the decision – you can seek assistance from the BCNU's OH&S Department for an LTD claim appeal;
- identify whether there is insufficient medical evidence to demonstrate your inability to work;
  
- decide what additional medical information you will need to submit to Great West Life in order for your claim decision to be reviewed;

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- determine whether Great West Life has been provided sufficient information about the physical/cognitive demands of your work (if your claim was denied or terminated within the first two years of benefits);
- if your claim was terminated at the definition change (when you had been in receipt of benefits for two years) or later, then you would need to provide sufficient medical information to support your limitations for performing alternate employment (even non-nursing) on the basis of your medical condition and your education, training and experience;
- submit any information related to your return to work efforts including: physician's letter(s), return to work schedule and outline of the progress of your return to work program or an accommodation process; and/or
- obtain the missing or new medical/vocational information and send it to the Great West Life. The Case Manager will then re-assess your claim.

### 6.2 *What if my appeal is turned down?*

Carefully review Great West Life's reasons for turning down your appeal and upholding their decision to deny/terminate your LTD benefits. If you do not agree with the decision, you can obtain assistance from the BCNU OH&S Department for a formal appeal to challenge Great West Life's decision.

The main thrust of the appeal process involves reviewing the reasons why your claim was denied/terminated, evaluating all the submitted information, identifying any gaps or shortcomings on the documentation, and sending further evidence to your Case Manager to change the decision.

See Section 6.4 '*What types of information may I need to gather?*' and *Appendix 3 'Request for medical information'* to review the type(s) of supportive medical and/or vocational information you may need to provide.

### 6.3 *How can BCNU staff assist me on an appeal?*

Notify the BCNU OH&S Department of your intent to appeal. Upon hearing from you, we will send you a letter outlining the information we require to proceed with your appeal and authorization forms for your signature. Return the forms as quickly as possible with a copy of Great West Life's decision letter and any other relevant information about your case. If you don't return the forms promptly, your LTD claim appeal will be delayed. The BCNU Staff cannot communicate with GWL or other necessary parties until your signed authorization forms are received at the BCNU office.

If you have received additional medical information from your family physician, specialist, counsellor or a therapist, it is important to provide us a copy of it.

Upon receipt of your signed authorization forms, we will request a complete copy of your file from Great West Life.

Once your LTD file is received at BCNU, a copy can be sent to you for review. After your file has been reviewed by your BCNU staff representative, we will discuss an appeal strategy with you, including the possible need for additional medical information.

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We may write to your doctor to request specific medical evidence or guide you over the telephone in making such request verbally to your doctor at your next appointment. It is critical that you follow-up with your doctor's office to ensure that they provide the requested information to BCNU in a timely fashion.

All information from your doctor(s) and other care providers needs to be coordinated through the BCNU staff to ensure that your appeal is kept on track and handled as expeditiously as possible.

See "Request for medical information" form that you can use to obtain medical information from your care provider(s). You need to make every effort to be as proactive as possible in gathering and obtaining supportive medical evidence for your appeal.

### 6.4 *What types of information may I need to gather?*

You will have a much greater chance in succeeding with the appeal in a timely fashion if you provide BCNU Staff with all information related to your disability, your treatment(s) and other associated issues. This may include:

- names and contact information for all your care providers;
- point form chronological history of your disabling condition(s);
- medical documentation from your physician, specialist(s), other care providers;
- clear description of your diagnosis, clinical signs and symptoms;
- specific limitations that your condition places on your ability to work;
- details of any assistive devices you use, alterations to your home or vehicle;
- a sense of what support your care providers are able and willing to give you;
- physical therapy assessments, treatments plans, activities/exercise sheets and a print-out of appointments;
- information about counselling or ongoing psychiatric treatment, including dates of appointments, copies of letters;
- pharmacological treatment including what drugs you are taking, frequency and dosages;
- diagnostic test results (e.g. lab results, X-rays, ultrasound, bone scan, CT-scan/MRI report, psychiatric assessment, cognitive assessment)
- if you have been hospitalized (e.g. admitting, surgical, post-surgical reports) or visited an emergency department, copies of related records if they are not already contained in your Great West Life LTD file;
- details of any exercise programs e.g. aquafit, walking, swimming, stretching, strengthening;
- impact of your disability on activities of daily living;
- work hardening or rehabilitation program details;
- details of functional capacity assessments;
- return to work (RTW)/accommodation related information (e.g. physician's clearance letter, RTW schedule and related documentation, letters/documentation from your Employer);
- vocational and educational information (mostly applies to claims in the 'any job category');
  - ❖ job search efforts: have you applied for any positions recently;
  - ❖ are you capable by reason of education, training and experience to do the job(s) suggested by Great West Life;

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- ❖ have you applied for positions suggested by Great West Life;
- ❖ what applicable education/training/re-training do you have or need;
- ❖ any additional experience that may not be outlined in your original LTD benefit application form;
- ❖ details of a vocational assessment that you may have had; and
- any other information you feel would be relevant for the appeal.

If your medical situation changes in the course of the appeal process, notify us as soon as possible.

### 6.5 *Claims Review Committee (CRC) process*

If the Great West Life's review of the additionally submitted information does not result in the reversal of their denial/termination of your LTD benefits, you have the right to proceed to a Claims Review Committee (CRC), the final level of appeal. At the CRC you will have an opportunity to appeal the Case Manager's decision to a panel of three doctors and explain to them why your benefits should not have been denied/terminated.

#### **Composition of the CRC**

The CRC is a panel of three doctors who have been pre-selected and agreed to by the BCNU and the Healthcare Employers Association of BC (HEABC) or the Healthcare Benefit Trust (HBT) on their behalf. The doctors are independent and do not work for Great West Life. The HBT on behalf of your Employer coordinates the CRC scheduling and all related correspondence.

#### **CRC package**

The CRC doctors, BCNU and you will be provided a copy of all the documentation on the Great West Life's file and possible vocational rehabilitation file at the HBT prior to the CRC meeting. The documentation is placed in a package called the CRC package which also contains Terms of Reference for the CRC doctors, an overview of the LTD appeal process, and the question to be answered by the CRC. It is critical that you review the contents of the CRC package carefully and let us know of any concerns you may have as quickly as possible.

#### **CRC submissions**

After the CRC package review and in consultation with you, we may prepare a submission to the CRC doctors, outlining the evidence that supports the appeal. The submission refers to your medical documentation, vocational information, possible return to work/accommodation efforts by you and any other critical evidence that supports your case.

The Employer or HBT, on their behalf, often responds to the union's submission by writing a submission of their own.

#### **How do I prepare for the CRC meeting?**

The BCNU staff will assist you in preparing for the CRC meeting. You can bring your own CRC package to the meeting with tabs, stickers or highlighting in the event that you wish to point out any particular evidence in your medical documentation.

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### Who makes CRC meeting arrangements?

All CRC meetings take place in Vancouver. The HBT will provide you details of the date, time and location of the meeting. You can make arrangements with the HBT for coverage for your transportation, meal and hotel costs if you live out of town. You can request the HBT to advance money for your flight and hotel costs. Save all your receipts for reimbursement.

### CRC meeting

At the CRC meeting, the three CRC doctors will interview and examine you. It is important that you are straightforward and honest. You can expect to be treated fairly and with respect at all times. The doctors will consider all relevant information including the CRC package and any submissions prior to rendering their decision and writing their report.

Contact us as soon as possible after the CRC meeting to discuss the meeting.

### CRC decision

The CRC decision is final if the process is fair and just. If the CRC process is unfair or does not conform to the terms of the collective agreement and the terms of reference set-out to the Committee in the CRC package, an appeal to the Labour Relations Board (LRB) is possible. Medical decisions are not appealed to the LRB.

All BCNU members undergoing the CRC process are asked to contact the union office as soon as possible after the CRC meeting to ensure that any concerns about the process are addressed.

Appeals of CRC decisions to the LRB are very rare. If you have any concerns about the CRC decision for a possible appeal to the LRB, contact the BCNU office as promptly as possible upon receipt of the decision. An appeal to the LRB would need to be filed within 15 days of the decision having been received by you and the BCNU.

## 7. UPON SUCCESSFUL APPEAL

Upon a successful conclusion to your appeal, the following tips may assist you in doing some of the important things that you need to do and to be aware of your benefit entitlements:

- As soon as you receive the letter of confirmation from GWL of a successful appeal complete and sign the **GWL income declaration forms** (if they have been sent to you) promptly and send back to your Case Manager (these forms are sent to you if you have been performing rehabilitative employment, attempted return to work program(s), you have a pending WCB claim appeal or ICBC case, or you have applied for CPP disability benefits but have not received and advised GWL of the results).

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- It is quite common to receive a decision that entitles you to **retroactive LTD benefits**. Thus, it is important that you are aware that all compensable time that is accepted under your LTD claim qualifies you to receive reimbursement from your Employer if you have been paying your own benefit premiums. Advise your Employer contact in benefits of the successful appeal to ensure:
  - ❖ implementation of **50-50 cost sharing of your Medical Services Plan (MSP), extended health and dental benefit premiums**. You will need to be reimbursed by your Employer for 50% of any benefits you paid for the time period that you received retroactive;
  - ❖ reimbursement of **100% of Group Life Insurance, AD&D and LTD premiums** for time period retroactively covered by your LTD claim as the premiums
  - ❖ for Group Life Insurance, AD&D and LTD are waived while you are in receipt of LTD benefits.
- If you are a member of the Municipal Pension Plan or the Public Service Pension Plan, your period of disability will be considered "**pensionable service**" but neither you
- nor your Employer is required to make contributions. Ensure that your Employer updates the Pension Plan of your LTD status.
- Notify your BCNU OH&S steward of your LTD status if you wish to be in contact with her or him.
- While in receipt of LTD benefits, you will accrue **seniority**. Article 13.05(G) of the PCA states: "*Seniority shall be maintained and accumulated under the following conditions ... (G) absence while on long-term disability claim.*"
- Carefully review "*Other disability income while on LTD*" section of this document for **reporting requirements and integration of other disability income while LTD** benefits covering the same time period / disability.
- Once you have received your retroactive LTD payment, **reimburse any Employment Insurance (EI) benefits** to Human Resource Development Canada that may now be overlapping with the LTD benefits.
- Contact your **HBT vocational rehabilitation consultant** if you have been waiting to access them for any rehabilitation and/or return to work assistance (your BCNU OH&S steward needs to be involved with any return to work meetings with your Employer).
- **Set aside money for your taxes** as only Federal Tax is deducted from your LTD benefits.
- **Advise your doctor and other care providers** of the successful results at your next appointment.

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### 8. RETURNING TO WORK AND ACCOMMODATION DUE TO DISABILITY

#### 8.1 *Rehabilitation*

If you are on an LTD claim that will terminate at a future date, you can obtain assistance for rehabilitation by contacting a Vocational Rehabilitation Consultant employed by the HBT. HBT's Vocational Rehabilitation Department offers a range of services such as: work hardening and back care programs, psychological support and counselling, vocational evaluation and assessment, retraining, job exploration and development, and assistance with return to work programs and rehabilitative employment.

Even if you are appealing Great West Life's decision to terminate your claim, if it is likely that you will be able to return to work in some capacity and you are still receiving LTD benefits, you should take advantage of HBT's rehabilitation services. In such a case, your Case Manager at Great West Life may have already referred your file to an HBT Vocational Rehabilitation Consultant. With your doctor's approval, an Approved Rehabilitation Plan (ARP) can be developed with the HBT consultant (see

PCA Appendix B, Section 3(C)(3-5)). You have the right to BCNU representation during this process but you must request it by contacting your workplace BCNU OH&S Steward as BCNU is not automatically advised that HBT is working with you to establish a rehabilitation program.

#### **What if I don't agree with the recommended rehabilitation plan?**

If you do not agree with a recommended rehab plan or your medical ability to participate in the plan, you have the right to dispute it under Appendix B, Section 3(4) of the PCA. Contact the BCNU OH&S Department (see Appendix 4 for BCNU Staff contacts or call the BCNU office) for assistance in launching an appeal to the Rehab Review Committee. You may contact a Vocational Rehabilitation Consultant at HBT at any time as long as you continue to receive LTD benefits. The more proactive you are in your rehabilitation, the more likely you are to succeed with your efforts.

#### **Returning to work**

Please note that any income from working while on claim is reportable to Great West Life. The work must be approved under an Approved Rehabilitation Plan (see "Rehabilitative employment" below). If you are not currently receiving benefits, you may still be successful in engaging in a return to work program. Provide us copies of all documentation related to your return to work efforts. As long as we are successful in assisting you with your appeal, you may be able to receive benefit top-up from Great West Life for a return to work period.

When you are ready to return to work, you may benefit from a number of programs:

#### ***Early Safe Return to Work Program (ESRTW)***

See Appendix D of the PCA for detailed information about setting up an ESRTW program and a description of benefit entitlements. Please note that if you are not in receipt of LTD benefits, funding would need to be sought by your steward/BCNU Labour Relations Officer from your Employer.

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The ESRTW program offers you the ability to return to work as an extra person (supernumerary), at a safe, gradual pace as soon as you are able to do so. When you are ready to return to work, obtain a letter from your physician that includes:

- confirmation of your physician's support for your participation in a return to work program;
- the date on which you are able to commence your return to work program;
- your limitations on work activities, hours, shift schedule, or environmental conditions;
- approximate time frame for the program; and
- any other details that affect your successful return to work.

Once you have the required information, notify your Employer and contact your BCNU OH&S Steward. Your steward will attend the return to work meeting with you and advocate on your behalf.

At the meeting a written plan will be developed that must include:

- an outline of expectations and responsibilities;
- a schedule of work dates and hours;
- a summary of duties and restrictions;
- details of any work environment modifications;
- a completion date; and
- the names of individuals you can contact during your program and who will evaluate its success with you and help if you encounter any difficulties.

### *Rehabilitative Employment*

If you are not able to fully return to your job, but can work reduced hours, you may return under a rehabilitative employment program as part of an Approved Rehabilitation Plan (ARP). If you are still receiving LTD benefits, you will receive your LTD benefit and your earnings, up to a maximum of 100% of the current rate of pay for your pre-disability job during the first two years of claim and thereafter up to 70 or 85% depending on the definition that applies to your claim. If your work is not approved under an ARP, your LTD benefit will be reduced by 100% of your earnings.

If your benefits have been denied or terminated, you will not receive a top-up. Provided that we have a successful appeal, any of the rehabilitative employment documentation will be submitted to HBT for retroactive approval and assessment for retroactive top-up.

## 9. DISABILITY BENEFIT PROVISION UNDER MY MUNICIPAL PENSION PLAN (MPP) / PUBLIC SERVICE PENSION PLAN (PSPP)

### *Municipal Pension Plan (MPP)*

The majority of nurses under the PCA are covered by the Municipal Pension Plan (MPP). The booklet titled 'A Guide for Plan Members' explains disability benefit provisions under your Municipal Pension Plan. It is critical to note that one of the eligibility criteria is to terminate your employment. However it is equally critical for you to know that should you resign from your workplace, even with a potentially successful LTD appeal, you would not

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be eligible for LTD benefits beyond the resignation date. A second important criteria is to apply for the benefit within two years you are considered to be making contributions (while on an LTD claim you accumulate pensionable years although neither you nor the Employer is contributing).

To obtain further information and explore possibility of qualifying for this benefit, please contact your Employer (the person responsible for Benefits and/or the Municipal Pension Plan) or the Municipal Pension Plan, Pension Corporation directly:

Tel. 604-660-5366 (Vancouver)  
Tel. (250)953-3000 (Victoria)  
Toll free 1-800-668-6335  
Fax 250-356-9592  
Web: [www.pensions.gov.bc.ca](http://www.pensions.gov.bc.ca)

### *Public Service Pension Plan (PSPP)*

Please note that a small number of nurses under the PCA are covered by the Public Service Pension Plan (PSPP). Similar to the above discussed MPP provision, you can apply for a disability benefit under the PSPP. However, again it is critical to note that in order to be able to access that benefit, you would have to terminate your employment first and would not be eligible for LTD benefits beyond that date, even if ultimately you had a successful appeal.

To obtain further information and explore possibility of qualifying for this benefit, please contact your Employer (the person responsible for Benefits and/or the Pension Plan) or the Public Service Pension Plan, Pension Corporation directly:

Tel. 604-660-5299 (Vancouver)  
Tel. (250)953-3033 (Victoria)  
Toll free tel. 1-800-665-3554  
Fax 250-953-0425  
Web: [www.pensionsbc.ca](http://www.pensionsbc.ca)

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### 10. BCNU'S LTD CAUCUSES

We recognize that going through an appeal can be a very stressful time. BCNU members on LTD have developed networks to offer support and assistance to each other. The LTD caucus members are on LTD themselves and may have gone through experiences similar to yours. Many have also come to the aid of their colleagues on LTD. You may wish to find out if your Region has an active LTD Caucus. Many BCNU members who are off work due to disability find their LTD caucus meeting very informative and a venue for positive interaction with individuals who can relate to many of the issues and feelings they are dealing with.

Contact the BCNU office for the current list of LTD Caucuses and the name of your Regional LTD Caucus Coordinator. If your Region does not have a LTD Caucus, you may consider forming one. The Provincial LTD Representative, one of the LTD Caucus Coordinators in another region and/or the BCNU Regional OH&S Representative in your area can assist you.

### 11. OTHER DISABILITY INCOME WHILE ON CLAIM

If other disability income is available to you, such as a Canadian Pension Plan (CPP) disability pension or WCB benefits, you must apply for those benefits. GWL will request proof of application, particularly for CPP disability benefit.

The increase in your CPP or WCB benefit due to indexing is not integrated with LTD until your LTD benefit is recalculated every four years to keep pace with negotiated wage increases.

**Canada Pension Plan (CPP) Disability Benefits:** When you applied for LTD benefits you were also required to apply for Canada Pension Plan (CPP) disability benefits. Not everybody is accepted for CPP disability benefits as the CPP definition of disability is more stringent than that for your LTD.

**CPP definition of disability:** You must be deemed to have a "severe" and "prolonged" mental or physical disability to qualify for CPP disability benefits. CPP defines a disability as "severe" when it makes the person "incapable of regularly pursuing any substantially gainful occupation." CPP considers the condition as "Prolonged" if it is likely to be long continued and of indefinite duration or is likely to result in death."

If you receive CPP disability benefits you must report it to GWL and provide them copies of your CPP statement. GWL will reduce your LTD benefit by an amount equivalent to the initial amount of CPP disability benefits that you receive. The offset is recalculated when your LTD benefit is indexed every four (4) years. In the meantime your monthly income will periodically increase by any cost of living increases to your CPP disability benefit.

If you have not applied for CPP disability benefits and your LTD claim has been accepted, Great-West Life will estimate what your CPP disability benefit might be and deduct an equivalent offset amount from your monthly LTD benefit.

If you were initially denied for CPP disability benefits but your condition deteriorates, it may be advisable to re-apply for CPP disability benefits.

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While BCNU does not provide any assistance with respect to CPP disability benefits, you can obtain a "CPP Disability Benefit Information Package" through the BCNU website ([www.bcnu.org](http://www.bcnu.org)), your OH&S steward, or the BCNU OH&S Department.

### **WCB pension & rehabilitation benefits**

If you receive a WCB pension or rehabilitation benefits, you are required to report it to the GWL. GWL will reduce your LTD payments by an equivalent amount.

Any indexing to your WCB pension will not be integrated with your LTD benefit until it is re-calculated every four years to keep pace with negotiated wage increases.

### **Retroactive Lump Sum Awards**

If you receive a retroactive, lump sum award for a period of time when you also received LTD, **you will be required to repay LTD**. If you receive a retroactive award, inform GWL as soon as possible and set aside funds for repayment. If you receive interest on a WCB award, you may also be expected to pay the Healthcare Benefit Trust a portion of the interest. If you have concerns about the amount requested by HBT, contact the BCNU office.

### **Medical Employment Insurance (EI)**

If you received medical EI benefits for a time period that a retroactive LTD benefit covers, you are required to pay back the medical EI benefit for any overlapping period.

### **ICBC Awards**

If you receive an ICBC award or other insurance award for wage loss, you are required to repay LTD. The calculation is based on recovery of 100% of your pre-disability earnings. This amount may be reduced by an amount attributed to the legal costs of obtaining the award. It is advisable to consult with your legal counsel about structuring your auto insurance settlement to avoid disputes with HBT.

### **Private Insurance**

Private or individual insurance is not deducted from your LTD benefits.

### **Supplemental Monthly Benefit**

The supplemental monthly benefit (SMB) is a partial indexing provision for eligible claimants in order to provide a benefit enhancement for those LTD claimants whose date of disability was before March 31, 1998 (or March 1, 1999). See Appendix B LTD Insurance Plan of your Collective Agreement for explanatory note and Section 2 (A) for more details of eligibility for SMB. The SMB is administered by the Healthcare Benefit Trust on behalf of BCNU (100% funded by BCNU). Please note that if you are eligible for indexing provisions you are not eligible for SMB.

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## FREQUENTLY ASKED QUESTIONS

AREA OF MY QUESTION?	WHOM TO CONTACT?
<input type="checkbox"/> General questions on LTD plan provisions; and <input type="checkbox"/> Benefit entitlements; <input type="checkbox"/> Concern about my status with my Employer; <input type="checkbox"/> Grievances; or <input type="checkbox"/> Return to work / accommodation related questions and assistance	BCNU OH&S steward. If you do not know who your BCNU steward is, please contact your Employer or the BCNU office switchboard.
Health and Welfare benefit premium payments	Employer's benefit department
Copy of Provincial Collective Agreement	Employer or BCNU website: <a href="http://www.bcnu.org">www.bcnu.org</a>
Initiate a formal LTD claim appeal	BCNU OH&S Department
Needing a new doctor	The College of Physicians and Surgeons of BC website: <a href="http://www.cpsbc.bc.ca">www.cpsbc.bc.ca</a> , select "Patient Resources" and click on "Physicians Accepting Patients"
Funding of travel for our-of-town medical appointments	<p>BC Travel Assistance Program Contact your doctor's office or call            Phone: 1-800-661-2668 for further information</p> <p>As of April 1, 2003 your extended health benefits will make provision for out-of-town medical travel assistance.</p>
Assistance for appealing the denial of CPP Disability Benefits	BC Coalition of Peoples with Disabilities Phone: 1-800-663-1278

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## APPENDIX B - LTD

AREA OF MY QUESTION?	WHOM TO CONTACT?
<p>Accessing disability benefit under Municipal Pension Plan (MPP) / Public Service Pension Plan (PSPP)            Note: Most nurses under the PCA are covered by the MPP</p>	<p>Employer (the person responsible for Benefits and/or the Pension Plan) or</p> <p>Municipal Pension Plan, Pension Corporation            Phone: 604-660-5366 (Vancouver)            Phone: 250-953-3000 (Victoria)            Toll Free: 1-800-668-6335            Fax: 250-356-9562 or            Web: <a href="http://www.pensions.gov.bc.ca">www.pensions.gov.bc.ca</a></p> <p>Public Service Pension Plan, Pension Corporation            Phone: 604-660-5299 (Vancouver)            Phone: 250-953-3033 (Victoria)            Toll Free: 1-800-665-3554            Fax: 250-953-0425            Web: <a href="http://www.pensions.bc.ca">www.pensions.bc.ca</a></p>
<p>Information related to your pension plan (Municipal Pension Plan or the Public Service Pension Plan)</p>	<p>Your Employer's benefits department or the Pension Corporation (see above)</p>
<p>Sources of income during the appeal</p>	<p>Some possible sources of income include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> outstanding sick bank;</li> <li><input type="checkbox"/> vacation bank;</li> <li><input type="checkbox"/> banked over-time;</li> <li><input type="checkbox"/> employment insurance (EI) benefits;</li> <li><input type="checkbox"/> private disability insurance plan;</li> <li><input type="checkbox"/> rehab or accommodation employment earnings;</li> <li><input type="checkbox"/> balance of LTD benefits if still on a claim;</li> <li><input type="checkbox"/> CPP disability benefit; or</li> <li><input type="checkbox"/> Government income security program.</li> </ul>
<p>BCNU's publications and mail-outs related to LTD</p>	<p>BCNU website: <a href="http://www.bcnu.org">www.bcnu.org</a></p>
<p>Support and assistance from other nurses on LTD</p>	<p>BCNU's Regional LTD Caucus Coordinator or Provincial LTD Caucus Coordinator</p> <p>For contact names and numbers see attached list or call BCNU Office Switchboard</p>
<p>CRNBC &amp; CRPNBC (whichever is applicable) registrations or fitness to practice</p>	<p>Contact CRNBC or CRPNBC directly, Phone: 604-736-7331 or toll free 1-800-565-6505</p>

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**APPENDIX B - LTD**

AREA OF MY QUESTION?	WHOM TO CONTACT?
Volunteer shoppers program, Helping hands program, Daily phone support program, Volunteer driving program, Income tax assistance, Red Cross loan equipment, Legal assistance	Contact your local community organizations or check with your local BCNU LTD caucus group.

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## APPENDIX B - LTD

### IMPORTANT CONTACTS:

MY CLAIM NUMBER:

Group Plan No.: 51337-\_\_\_\_\_

Employee ID No.: S\_\_\_\_\_

My GWL Case Manager is: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

<b>My BCNU OH&amp;S Steward is:</b>	
Name:	Email:
Phone Number:	Fax:
<b>My LTD Caucus Co-Ordinator is:</b>	
Name:	Email:
Phone Number:	Fax:
<b>My Employer Contact is:</b>	
Name:	Email:
Phone Number:	Fax:
<b>My Healthcare Benefit Trust Vacation Rehabilitation Consultant is:</b>	
Name:	Email:
Phone Number:	Fax:
<b>My BCNU OH&amp;S Department contact for LTD appeal is:</b>	
Name:	Email:
Phone Number:	Fax:

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