
GROUP LIFE & DISABILITY CLAIMS GUIDE

An Equitable Approach to Disability Management

We know it's difficult to be away from work due to an illness or injury. Our goal is to help you have an early and safe return to work.

Every employee – and every disability – is different. That's why we do disability management differently.

Our dedicated service team delivers customized solutions to support both the employee and employer throughout the disability claims process. We focus on early intervention, coordinated case management and comprehensive return to work initiatives.

We've created this guide to support you throughout this process. Each section contains details about the service or product and what we require from you. There is also a "Frequently Asked Questions" section with answers to many of the most common questions we receive.

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Employee's Guide to QuickAssess Absence Accommodation and Review Service

Your employer has completed a referral for the QuickAssess service. QuickAssess is offered by Equitable Life. It provides an unbiased assessment of your functional limitations and abilities. The referral was made due to your absence from work or your request for workplace accommodation.

All medical details provided to Equitable Life are confidential and will not be shared with your employer. After our review, we will advise your employer of our assessment and guidance to manage your absence or accommodation request. We may share details about the timing of your return to work and your functional abilities and restrictions. This ensures your employer is informed of any accommodations required for your return to work.

What do I need to do?

1. Complete the Employee section of the QuickAssess Form.
2. Have your doctor complete the Attending Physician's Statement.
3. Upload the signed and completed form via www.equitablehealth.ca using our secure Document Submission Tool located in the My Resources section.

You can also fax it to 1.888.505.4373 or mail it to:
Equitable Life of Canada
Group Disability Claims Department
One Westmount Road North
P.O. Box 1603 Stn. Waterloo, Waterloo Ontario N2J 4C7

What happens next?

We will assess your absence from work or your request for work accommodation. We will use the details provided by yourself, your doctor, employer, and any other details we may have. We will then make a recommendation to your employer.

We will also call you to better understand your condition. We will ask questions about your job and workspace. We will also ask about your ability to perform your everyday activities at home and work.

Depending on when we receive the employer section of the form, you may hear from us before you have submitted your section.

If we recommend supporting your absence, we will send a written summary to your employer with our findings and next steps. If your employer asks us to monitor your referral, we will ask you for regular updates on your condition and progress. The frequency of these updates will depend on the unique circumstances of your condition.

If we recommend not supporting your absence, you will be advised by your employer. They will provide details if an additional review with new information is being requested.

Employee's Guide to Applying for Short Term Disability Claims

Short-Term Disability (STD) benefits provide you with an income if you are ill, injured or otherwise unable to perform your job. We have designed this guide to help you submit an STD claim. It will also answer any questions you may have about your application for STD benefits.

What do I need to do?

1. Complete the Employee section of the Short-Term Disability claim form (#421).
Your employer will submit their section to us separately.
2. Have your doctor complete the Attending Physician's Statement.
You are responsible for any costs associated with having this form completed.
3. Upload the signed and completed form via www.equitablehealth.ca using our secure Document Submission Tool located in the My Resources section.

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What happens next?

A Disability Claims Specialist assigned to your policy will coordinate the required details from you and your employer. We will also call you to better understand your medical condition, job and workspace. We will also discuss your ability to perform your everyday activities at home and work. At that time and only if necessary, we may request additional details before we make a decision.

Once we have all required information, we will make a decision for your claim for STD benefits. A decision will be made within five business days once we receive the information. We will base the decision on the policy provisions at time of your disability. We will also base it on medical and other evidence, and your occupational demands.

Once a decision is made, we will call you and your employer to advise you of our decision. If approved, we will contact you to explain the start date of the benefit and the weekly amount you will receive. We will also discuss the definition of disability, what that means and next steps. We will then send a letter that confirms our decision. It will outline the requirements in order for you to continue to qualify for benefits.

During your claim, we will continue to check in with you to see how you are doing. We may require more medical details and other updates. We may write directly to your treating health provider. Otherwise, we will send you an Attending Physician's Statement or a Return-to-Work Questionnaire.

If your claim is not approved, we will explain the reasons why and provide details on how to have the decision reviewed on appeal.

Return-to-Work Planning

We will work with you, your employer and doctor to monitor your progress. Once you are ready to start in a gradual and/or modified return-to-work program, we will develop a plan to ensure your return is safe and successful. If needed, we may involve a Rehabilitation Consultant to assist.

We have found that, initially, a graduated return-to-work is often successful for all parties (employee, employer and Equitable Life). This means performing modified duties and/or hours for a period of time. This will give you enough time to build up your stamina and endurance. We will work with all parties to ensure your return to work is successful.

For more details about return to work planning, please review our [Gradual Return to Work Information for Employees](#).

If your medical condition improves and you can return to some type of work, either full time or part time, please contact us.

Employee's Guide to Applying for Long Term Disability Claims

If you have been absent from work due to illness or injury and you have Long Term Disability (LTD) coverage through Equitable Life, you may be eligible for LTD benefits. Please log in to your Equitable Life Group Benefits account at www.equitablehealth.ca. Then, follow the instructions on the claim forms on how to submit your application. If you require assistance, please speak with your employer.

What do I need to do?

1. Complete the Application for Long Term Disability & Job Profile (Form #564). Please ensure you answer all the questions on this form. You may attach any other details on a separate sheet. Incomplete responses or missing information will cause delays in the assessment and handling of your claim.
2. Complete and sign Part 1 of the Attending Physician's Statement. Ask your doctor to complete the form which is most appropriate for your condition (Form #184, 185, 186, 187, or 188). If you have undergone any tests or seen any specialists, please ensure your physician includes copies of these test results and specialist's reports.
3. Upload the signed and completed form via www.equitablehealth.ca using our secure Document Submission Tool located in the My Resources section.

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4. Your employer will complete the Employer's Statement and submit it separately to Equitable Life.

Please submit your claim at least eight weeks prior to the first day you are eligible for LTD benefits (end of the elimination period). This will help us avoid delays in potential payments. Please refer to your policy booklet or plan administrator to confirm the length of your elimination period.

What happens next?

A Disability Claims Specialist assigned to your policy will review the claim. Once we receive all required information, we will review the claim within five days. We will review the medical details provided. We will also review your abilities, limitations and the demands of your job as related to your condition.

We will also call you to better understand your medical condition. We will ask questions about your job and workspace. We will also ask about your ability to perform your everyday activities at home and work. At that time, and only if necessary, we may request additional details before we make a decision.

Once we have all the details, we will make a decision for your claim for LTD benefits. We will base the decision on the policy provisions at time of your disability.

Once a decision is made, we will call you and your employer to advise you of our decision. If approved, we will contact you to explain the start date of the benefit and the monthly amount you will receive. We will also discuss the definition of disability, what that means and next steps. We will then send a letter that confirms our decision. It will outline the requirements in order for you to continue to qualify for benefits.

During your claim, we will continue to check in with you to see how you are doing. We may require more medical details and other updates. We may write directly to your treating health providers. Otherwise, we will send you an Attending Physician's Statement (APS) or a Return to Work Questionnaire form to be completed by your physician.

If your claim is not approved, we will explain the reasons why and provide details on how to have the decision reviewed on appeal.

Return-to-Work Planning

We will work with you, your employer and doctor to monitor your progress. Once you are ready to start in a gradual and/or modified return-to-work program, we will develop a plan to ensure your return is safe and successful. If needed, we may involve a Rehabilitation Consultant to assist.

We have found that, initially, a graduated return-to-work is often successful for all parties (employee, employer and Equitable Life of Canada). This means performing modified duties and/or hours for a period of time. This will give you enough time to build up your stamina and endurance. We will work with all parties to ensure your return to work is successful.

For more details about return to work planning, please review our [Gradual Return to Work Information for Employees](#).

If your medical condition improves and you can return to some type of work, either full time or part time, please contact us.

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Employee's Guide to Life, Waiver of Premium and Accidental Death & Dismemberment (AD&D) Claims

At Equitable Life, we support you to ensure that making a claim for Group Life Insurance, Waiver of Premium or AD&D is simple.

What do I need to do?

Employee Life Claim

1. If the employee was not on Long Term Disability or Life Waiver with Equitable Life of Canada prior to death, your employer will submit the Employer's Statement (form #210). They will provide a Claimant Statement (form #684) to the named beneficiary.
2. We ask beneficiaries to submit the completed Claimant Statement and the following documents:
 - Original Proof of Death (death certificate or Funeral Director's Statement) – required if Life proceeds are under \$100,000.00.
 - Proof of Death (Attending Physician Statement 683) – required if Life proceeds are \$100,000 or over, or if the employee has recently been insured.
 - Proof of age (government-issued document) – required if the employee is over age 60 and for Optional Life Claims.
3. Documents can be uploaded via www.equitablehealth.ca using our secure Document Submission Tool located My Resources section.

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Dependent Life Claim

1. Your employer will submit the Employer's Statement (form #210). They will then provide you with the Claimant Statement (form #684) to complete. We will also require the following documents:
 - Original proof of death (death certificate or Funeral Director's Statement)
 - Proof of age for employee. We require this if the deceased dependent was over age 60
 - Proof of age for the deceased dependent. We require this if the deceased dependent was under age six months or over age 18
 - Proof of death (Attending Physician Statement 683). We require this if Spousal Optional Life proceeds are \$100,000 or over
 - Plan Member Group Life and AD&D Insurance Beneficiary Designation (Form #456) if deceased dependent is the beneficiary of the employee
2. Documents can be uploaded via www.equitablehealth.ca using our secure Document Submission Tool located My Resources section.

You can also fax them to 1.888.505.4373 or mail them to:
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Accidental Death & Dismemberment (AD&D)

In the event of an Accidental Death & Dismemberment claim, please contact the Life and AD&D Claims Specialist at 1-800-265-4556 and provide the following:

- Name of the deceased
- The policy number
- A brief description of the accident
- If possible, the date of death/loss

What happens next?

Once we have all required information, we will provide a decision within two business days. If we need more details to process the claim, we will contact you.

Employee's Guide to Critical Illness Benefit

Being diagnosed with a serious illness is an overwhelming experience. Not only does it mark the beginning of a difficult health journey, it can also lead to significant financial challenges. Expenses such as special medications or alternative treatments (possibly outside of Canada) may not be covered by regular health insurance benefits.

Critical Illness coverage provides you with a lump sum cash payment when you are diagnosed and survive a covered condition. The proceeds are not taxable and help allow you to concentrate on your return to health and work.

For information regarding your Critical Illness coverage, including eligibility, please contact Chubb toll free at 1.877.772.7797.

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Frequently Asked Questions

Below is a list of the most common questions we receive about disability benefits. This will assist you in answering any questions you may have.

What happens if I am able to return to work?

If you are able to return to work, contact Equitable Life. We will work to create a safe return to work plan for you.

What happens if I am unable to return to work after the Short Term Disability (STD) period ends?

If we have been monitoring your absence and feel it will extend into the Long Term Disability (LTD) period, we will assist you in the LTD application process. This normally begins six to eight weeks prior to the start of your LTD benefits.

How will I receive payment for my absence?

We will discuss payment details, including amount and frequency, when your claim is approved.

What steps can I take to have a decision be reconsidered?

If you would like to make an appeal, please write to Equitable Life within 60 days of the date of the decision letter.

Please note, you are responsible for the cost of providing additional medical details for an appeal.

What if my doctor charges me to complete the form?

For STD and LTD applications, you are responsible for any costs associated with completing the forms.

For QuickAssess referrals, we will reimburse you up to the provincial limit if your doctor charges you to complete the form., This is outlined in the provincial medical association fee schedule.

How do you define disability?

We use the definition set out in your Policy. You can review this in your Benefits Booklet by logging in to your Plan Member site.

Still have questions?

If you have questions about any of our disability products, please call us at 1.800.265.4556. We are happy to assist you.