



Frequently Asked Questions – Disability Claims

When does my claim assessment start?

Once we have received the fully completed Member's Statement, Certification and Authorizations, Attending Physician's Statement of Disability, and the Plan Administrator's Statement, your claim assessment will begin.

How is my claim evaluated overall?

Your claim will be evaluated based on the Group LTD (long term disability) plan policy terms relating to whether your condition, as detailed and assessed from the medical information and all other sources of information, prevents you from performing the significant duties of your specific assignment.

How will my claim be assessed?

Your claim forms will be reviewed by a Disability Analyst. They will contact you by telephone during the initial assessment to conduct an interview. The interview helps us obtain more detailed information about your job, education and employment history, medical history and current medical condition. The interview gives you the opportunity to raise any questions or concerns you may have at that time. The interview not only minimizes claim submission requirements, but also can help accelerate medical investigations. OTIP Group Life and Disability Claims representatives may then ask your attending physician all relevant medical questions at one time.

The questions asked during this interview may seem very detailed. We appreciate your patience and help in answering all questions as thoroughly as possible, as the information is needed for the fair and timely assessment of your claim and assistance for return-to-work planning.

What is involved in the assessment of my claim?

During the course of your claim, there are several types of investigations and information requests that may be necessary:

Requests for updated medical information

In order for OTIP to assess for ongoing eligibility, we will request updated medical information from your treatment providers (e.g. doctors, therapists, counsellors, etc.) as evidence of ongoing disability. In some situations, OTIP may request your assistance in obtaining medical information.

Independent medical examinations

In some instances, OTIP may require that you attend a medical or functional evaluation by an independent specialist. If we ask you to attend this type of appointment, costs associated with this appointment will be paid by OTIP.

Surveillance

In rare instances, surveillance may be conducted. Surveillance is an investigative tool used for the purpose of comparing your observed activities to your medical limitations and restrictions. How is my claim evaluated overall?

How will my medical information be reviewed?

During the initial assessment for benefits, OTIP Group Life and Disability Claims will review the Attending Physician's Statement of Disability and may contact the treating physician(s) for additional information.

If additional clarification is required from your physician, OTIP will make every effort to obtain medical information as quickly as possible. This information may be requested shortly after the claim interview has taken place. If we need assistance in obtaining additional information, we will contact you.

You are responsible for providing proof to OTIP that you are entitled to benefits, and this includes providing medical reports.

You are responsible for all expenses related to the completion of the Attending Physician's Statement of Disability and copies of additional medical reports provided.

What is the definition of disability applicable to your claim?

During the initial assessment period (qualifying period plus 24 months), you are considered disabled if due to illness or injury, you are unable to perform the significant duties pertaining to your specific assignment.

To determine your eligibility for benefits during the initial assessment period, we assess how your medical condition affects your ability to perform the significant duties of your specific assignment.

What is a change of definition (COD)?

If your claim remains payable beyond the initial assessment period (the qualifying period plus the next 24 months of disability), you will be considered disabled only if illness or injury prevents you from being gainfully employed.

Gainful employment means work:

- you are medically able to perform;
- for which you have at least the minimum qualifications;
- that provides income of at least 60 percent of your monthly earnings; and
- that exists either in the province or territory where you worked when the disability started or where you are currently living.

The availability of work alone is not considered in assessing disability.

Are there any exclusions that could affect my entitlement to benefits?

Yes, there are certain exclusion criteria for which disability benefits are not payable. Please refer to your Group LTD plan document policy for more details on exclusions.

Your Responsibilities

During your claim, you are required to maintain contact with your Disability Analyst and Union/ Board Representative. Some examples of your responsibilities include, but are not limited to:

- Provide updates regarding your situation
- Provide updates regarding your contact or banking information
- Talk to your healthcare providers about return-to-work planning, which may include returning to modified work that is deemed reasonable based on your functional status. Recovering while at work can be a healthy option. OTIP supports early return to work opportunities and will work with you to help plan for a healthy future.
- Return phone calls and/or required information (eg: updated authorization) in a timely manner.
- Follow up with your doctor to ensure that all medical information requested is received in a timely manner.

What happens if my claim is approved?

If your claim is accepted according to the terms of your Group LTD plan, a Disability Analyst will send you an approval letter and a detailed explanation of your benefits. Any contractual limitations that may apply to your claim will also be explained.

Your payments would continue for as long as you are considered disabled, based on the definition of being disabled as per your Group LTD plan. Entitlement to ongoing LTD benefits is assessed and determined on an ongoing basis throughout the life of the claim.

Payments are made once a month and are paid in arrears.

What happens if my claim is denied?

If your claim is denied, a Disability Analyst will try to reach you by telephone or if not by letter to explain the reasons for denial. Appeal procedures will also be described, should you believe the initial assessment was not appropriate or incomplete. OTIP Long Term Disability Claims Consultant (LTDCC) in LTD Services is available to assist you with the appeal process.

How is my benefit amount calculated?

Per diem policies

LTD benefits are paid monthly in accordance with the terms of your Group LTD plan. During the first year of your claim, LTD benefits are paid on a daily (per diem) basis, with equal monthly payments until the end of August. The number of working days from the expiration of the qualifying period to the end of August is used in this calculation. Starting in September during the second year of benefits, and subject to continued medical evidence of disability, you may receive 12 equal, monthly payments per year.

12-month policies

LTD benefits are calculated by dividing your salary by 12 months, then multiplying this amount by your benefit level. Please consult your Group LTD plan for information on your benefit level.

Will I receive a T4A Slip?

We will mail a T4A slip annually, provided the long term disability benefits are taxable income. To confirm this, you can reference your plan/document or ask your Board/Employer.

How will CPP/QPP disability/retirement benefits impact my monthly benefits?

Your Group LTD plan provides for the integration of benefits when Canada Pension Plan (CPP) or Quebec Pension Plan (QPP) (if applicable) disability/retirement benefits are approved. Your Group LTD plan directly deducts any benefits paid to you, as a contributor, from CPP. If OTIP asks you to apply for CPP disability/retirement benefits, you are required to submit an application as soon as possible.

What is the “Reasonable and Customary Treatment” requirement?

Treatment must be prescribed and performed or supervised by a legally licensed Doctor of Medicine in Canada/US or a certified specialist for the illness, injury or condition involved. For example, if your condition is cardiac in nature, you may be required to be under the care of a cardiologist. If you are disabled as a result of a mental health condition, you may be required to be under the care of a registered psychologist or psychiatrist.

Does OTIP offer return-to-work assistance?

OTIP's goal is to support you as you prepare to return to active employment as early as medically possible. You may be contacted by a Rehabilitation Consultant depending on the nature and severity of your condition.

Summary

Every claim is evaluated on its own merit in accordance with the terms of your Group LTD plan.

If you have any questions about this information, please contact OTIP Group Life and Disability Claims at 1-800-267-6847.