

LiUNA!care

LOCAL 183 TM

BUILDING HEALTHY FUTURES

SHORT TERM DISABILITY

Industrial Division

Members Benefit Fund



Policy N° - 158000

Short Term Disability Benefits

If you become disabled while covered because of either an illness or accidental injury that is non-occupational, are under age 65, and you cannot perform your job duties, you may be entitled to short term disability benefits.

Eligibility Requirements

- You must be a Member with Plan A coverage on the date your disability started.
- You must be actively at work on the date you become disabled - if you are laid-off, on vacation, unemployed, or not working for any other reason you are not eligible for this benefit.
- Employer contributions must have provided your plan coverage when you become disabled - if your plan coverage was being maintained through self-payments at the onset of your disability, you are not eligible.
- You must be under age 65 at the onset of the disability.
- Your disability must be a result of a non-occupational injury or illness - If the accidental injury or medical condition that prevents you from working was caused by work, you must file a claim with the Workplace Safety & Insurance Board (WSIB) – Health Management Services can assist you with your WSIB application.
- If your disability was caused by or contributed by a motor vehicle accident which occurred in the province of Ontario or Quebec, this is a policy exclusion, and you are not eligible for this benefit.
- There are certain exclusions and limitations – please refer to the benefit plan booklet for greater detail.
- You must be seen by, treated by, and be under the continued care of a licensed physician in Canada.
- You must be diagnosed with a bona-fide medical condition which prevents you from working and performing your pre-disability job duties.
- You must be absent from work for more than 7 days to receive this benefit (waiting period), unless
 - your disability was a result of an accidental injury - then the waiting period does not apply, or
 - you were hospitalized for at least 18 hours - then benefits start on the first day of hospitalization.

Application Instructions

1. Ensure you meet the eligibility requirements for this benefit listed above.
2. Complete and sign the **Member Statement** (Page 1) of the Short Term Disability Benefits Application Form.
3. Ensure your employer completes the **Employer Statement** (Page 2) or obtain the **Record of Employment (ROE)** issued by your employer after you stopped working.
4. Ensure the physician overseeing your medical care completes the **Attending Physician Statement** (Page 3).
5. Obtain an ROE from your employer and apply for **Employment Insurance (EI) Sickness Benefits**. If you require assistance in applying for EI benefits, please contact 416-243-6505.
6. Return the completed application to LiUNAcare Local 183 Member Health Management Services by.



Email:

memberhealthservices@liunacare183.com



Mail:

200 Labourers Way, Suite 5400 | Vaughan, ON | L4H 5H9



Fax:

416-240-7047



Questions:

Email or call us at **416-240-2104** or **1-866-315-6011**

Short Term Disability Benefits

Benefit

- If approved, short term disability benefits are payable at \$300 per week, less tax withholdings.
- If you signed-up for direct deposit via eClaims, short term disability payment(s) will be automatically deposited into your bank account via electronic fund transfer. If you have not registered yet, you will receive payments via cheque. If you have not registered for eClaims visit liunacare183.com for registration instructions and return the completed Application for EFT Direct Deposit Form.
- Physician fees incurred during the initial application process may be eligible for reimbursement up to a maximum of \$100, if the claim is approved.
- Short term disability benefits are integrated with Employment Insurance (EI) Sickness benefits - you are required to apply for this benefit
 - During the period EI benefits are payable, short term disability benefits are frozen.
 - if you do not qualify for EI, short term disability benefits may be payable during this period provided you submit supporting documentation of your ineligibility for EI benefits.
- If approved, short term disability benefit payments commence on the earliest of the following
 - the first day absent from work if the disability is a result of an accidental injury,
 - the first day of hospitalization over 18 hours,
 - the end of the waiting period,
 - the end of the EI period.
- During your disability from work, a Health Management Services case manager will work with you and your treatment providers to monitor your progress, ensure access to appropriate medical care, and coordinate plan benefits and services to promote your recovery and return to work.
- In order to remain eligible for short term disability benefits, you must
 - remain disabled from working and performing the essential duties of your pre-disability job,
 - remain under the continued care of a licensed physician in Canada,
 - be compliant with all aspects of your treatment plan including attending all recommended assessments, investigations, and treatments recommended by your physician and your treatment providers,
 - communicate regularly with your Health Management Services case manager and comply with any necessary requests required for the ongoing assessment and management of your claim,
 - participate in modified return to work plans when available and suitable, and
 - immediately notify us of your return to work in any capacity, receive any employment income, if there is any change in your ability or availability to work, or if you intend to travel outside Canada.
- If you remain disabled and under appropriate care, short term disability benefits are payable until you
 - return to work or return to any work for pay or profit,
 - are deemed fit to return to your pre-disability job,
 - attain age 65, or
 - reach the maximum benefit duration of 38 weeks of disability (inclusive of the EI period).
- If you return to work but sustain a subsequent disability, a new claim must be filed if you return to work for
 - four weeks before becoming disabled due to the same or related cause or
 - one week before becoming disabled due to a different and unrelated cause.

Member Health Management Services

Health Management Services

- Your health matters! At LiUNAcare Local 183, we are always looking for new ways to service our members better. Member Health Management Services is your one-stop destination for support on all matters relating to disability, workers' compensation, health, and medical benefits and services to get you back to health.
- Our team is comprised of disability management specialist and health professionals trained to ensure members receive medical care focused on recovery and return to work. Health Management Services staff work with members in developing personalized plans and coordinating appropriate plan benefits and medical services on an expedited basis.

Maintaining Benefit Coverage while on Disability

- Should your coverage terminate because you are unable to work due to disability, you have the option to continue your coverage by making self-payments to the members' benefit fund as follows:
 - Members on short term disability will be required to remit a monthly payment as established by the Board of Trustees for continuous benefit coverage up to a maximum of 38 weeks provided you remain in receipt of short term disability benefits.
 - Members on Canada Pension Plan (CPP) Disability Benefits will be required to remit a monthly payment as established by the Board of Trustees for continuous benefit coverage up to age 55 provided you remain in receipt of the CPP Disability benefit.
 - Eligibility for benefits will be conditional on you remaining a Member in Good Standing with Local 183.
 - You are required to provide proof that you continue to be in receipt of the above benefits annually.
 - Coverage will terminate on the date of your death, return to employment, recovery, or the attainment of age 55 for all benefits.
 - While making self-payments you are entitled to the same benefits you enjoyed while you were employed except for certain benefits – please refer to the benefit plan booklet for more information.
- For more information refer to the benefit plan booklet, visit liunacare183.com, or contact Member Services at **416-240-7487** or info@liunacare183.com.

Other Important Information

- Payment of monthly Union dues is your responsibility to remain in good standing.
- Depending on the nature of your condition, speak to your physician about Canada Pension Plan (CPP) disability benefits. CPP disability benefits will not affect your entitlement to short term disability benefits. If you have questions regarding the application process, Member Health Management Services can help.

Plan Benefits & Services

The following benefits and services are available to you to promote your recovery and return to health. Your Health Management Services case worker will assist you in identifying and coordinating these benefits and services provided you have plan coverage or are maintaining plan coverage through self-payments. Speak to your Health Management Services case worker, visit liunacare183.com, or refer to the [Benefits Booklet](#) for more information.



vCare Virtual Healthcare | liunacare183.com

Avoid visits to walk-in clinics and emergency rooms for non-emergency issues with the vCare Virtual Healthcare platform. vCare allows members and dependents to connect instantly with a healthcare provider for primary health concerns via secure text and face-to-face video, 24/7. Virtual follow-ups, prescription refills, specialist referrals, and lab requisitions.



QuikCare Expedited Assessments & Diagnostics | 1-844-900-8357

Wait times can be 8 months to see a specialist and 3 months for diagnostic tests. QuikCare provides members and dependents access to expedited assessments if placed on a wait list or the appointment is more than 21 days away. Specialists included: orthopaedic, cardiology, neurology, neurosurgery, general surgery, rheumatology, dermatology, respirology, endocrinology, ear nose & throat, ophthalmology, gastroenterology, urology, gynecology, and podiatry. Diagnostic tests: MRIs, CT scans, ultrasounds, endoscopies, and colonoscopies. Physician referral is required.



QuikCare Expedited Surgeries | 1-844-900-8357

Expedited access to surgical procedures is now available to further reduce wait times and get you back to health sooner. Procedures include orthopaedic surgeries for a variety of musculoskeletal conditions and general surgeries such as cataract, hernia, gallbladder, ear nose & throat, and more. This benefit is available to members only. A specialist referral is required.



Health Care Navigation & Second Opinions | 1-866-883-5956

Access to Nurses to help you navigate through the healthcare system and providing you a single point of contact during your treatment. Services include facilitation of treatment and diagnostic tests, alternate treatment locations, clinical trials, doctor-to-doctor consultations, second opinions, answering questions, and providing coaching on how to improve quality of care and management of your condition. Available to members and dependents.



Cancer Assistance | 1-866-599-2720

Access to Oncology Nurses to help members and dependents navigate through the healthcare system by ensuring medical best practices are observed, providing expert assessment of treatment approaches, answering questions regarding tests and treatment options, and helping reduce the physical and emotional impact of cancer.



Health Coaching | enroll.e-coaching.ca/liuna/183

A confidential one-on-one coaching and support program for those dealing with diabetes, obesity, and cardiovascular issues, including high blood pressure and high cholesterol, who want to focus on weight management and nutrition. Registered Dietitian or Certified Diabetes Educators work with you in creating personalized meal plans with regular follow-ups and coaching sessions to help you achieve your goals. Available to members and dependents.



Self-Help-Works | <https://member.avidonhealth.com/liuna183>

Make lifestyle goals a reality with this online program that combines principles of cognitive behavioural therapy and health coaching to help you break-through barriers and tackle issues such as smoking, weight, diabetes, alcohol consumption, physical activity, restoring sleep, and reducing stress. Available to members and dependents.



LiUNAcare Local 183 Health Clinic | 1-888-435-1456 | info@liunacare183.com

Take the first step toward better health by visiting the LiUNAcare Local 183 Health Clinic or booking your confidential 30-minute comprehensive health screen of your vital signs, body measurements, and blood levels of cholesterol, HDL, Non-HDL, Triglycerides, LDL, and Hb-A1c. Located at the LiUNA Local 183 Headquarters. Available to Members and dependents.

Plan Benefits & Services



mHealth Virtual Mental Health Program | liunacare183.com

This virtual mental health program has been designed to improve mental health resilience and well-being through specialized psychological treatment or cognitive behavioural therapy. Treatment options for a broad range of conditions including but not limited to stress, anxiety, depressions, and panic disorders. Mental health assessment tool and resources available to improve and achieve mental health wellness. Available to members and dependents.



Life Journey Member & Family Assistance Program (MFAP) | vCare Mobile App | 1-800-254-7223

Confidential counselling services offered to members and dependents through the vCare app or by phone to tackle a variety of issues including stress, anxiety, depression, bereavement / grief, addiction, family / marital / relationship issues, elder care, and other personal matters such as health, nutrition, life balance, and legal and financial assistance.



Mental Health Live Video Therapy | 1-844-900-8357

Live Video Therapy allow you to obtain counselling sessions with a licensed therapist via video call, combining the convenience and privacy of at-home care for effective treatment. Live Video Therapy is suitable for a variety of concerns including alcohol/substance use, anxiety, grief, mood, panic, phobias, relationships, self-esteem, trauma, and more.



QuikCare Mental Health Intensive Outpatient Program | 1-844-900-8357

The Intensive Outpatient Treatment program is designed to treat a range of mental health concerns, including mood and anxiety disorders, depression, bipolar disorders, eating disorders, and addictions. Members receive nine hours of individual and group therapy per week followed by ten months of weekly aftercare to help maintain healthy habits. Access to treatment available in-person or virtually. Available to members only.



Substance Management & Recovery Treatment (SMART) | try.alavida.com/liuna183

Virtual and confidential counselling designed to help members and dependents tackle their relationship with alcohol and other substances. Whether looking to cut back, regain control, or quit this program offers treatment options and supports from a team of doctors and therapists specialized in addiction to guide you towards a healthier lifestyle.



Opioid Outpatient Program | 1-877-937-2282 | canatc.ca/locations

Canadian Addiction Treatment Centres (CATC) - the largest addiction treatment provider in Canada - offers Local 183 members and dependents priority access to in-person and virtual addiction treatment for those suffering from opioid-use disorder. If you or a loved one is struggling with opioid addiction, contact CATC to learn more about treatment, schedule an initial assessment, or visit their website for your nearest clinic.



QuikCare Mental Health Outpatient Program | 1-844-900-8357

A program to help members with addictions. Immediate access to residential inpatient treatment overseen by a team of addiction physicians and psychiatrists. This program utilizes medical withdrawal management and evidence-based therapeutic modalities to guide members towards the path of recovery and relapse prevention. An 8-week outpatient program is also available. This benefit is available to members only.



Paramedical Benefits - Mental Health Practitioners | liunacare183.com | 416-240-7487 | info@liunacare183.com

Members and eligible dependents may be reimbursed for mental health practitioner services such as clinical psychologists, psychoanalysts, psychotherapists, and social workers. Refer to the Benefit Plan Booklet for more information.



Paramedical Benefits - Health Practitioners | liunacare183.com | 416-240-7487 | info@liunacare183.com

Members and dependents may be reimbursed for health practitioner services such as chiropractic, physiotherapy*, massage therapy*, osteopath, podiatry/chiropractic, occupational and athletic therapy. All practitioners must be licensed and registered with their college. Refer to the Benefit Plan Booklet for more information. * An MD referral is required.

1. MEMBER STATEMENT

All three (3) sections of this application must be completed, signed, and submitted to initiate your claim for Short Term Disability benefits:

1. Member Statement
2. Employer Statement (or Record of Employment) completed by your employer
3. Attending Physician Statement completed by the Physician overseeing your care

If any section of this application is not completed or portions are not answered fully, the assessment of your claim may be delayed. You are required to apply for Employment Insurance (EI) Sickness Benefits as Short Term Disability benefits are not payable during the period payable by EI benefits.

Member Information

Last Name	First Name	Union ID Number
Address		Date of Birth (mm/dd/yyyy)
Town/City	Province	Postal Code
Telephone Number		
Email Address	Cell Phone Number	

Absence Information

Job Title	Last day worked (mm/dd/yyyy)	First day absent from work due to medical condition
Return to work date	Expected return to work date	Is your condition due to an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes
Accident date	Is this due to a motor vehicle accident? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the accident or medical condition work-related? <input type="checkbox"/> No <input type="checkbox"/> Yes

Describe the nature of your medical condition and/or how the accident occurred (time, location, activity being performed at time of injury)

Have you applied for or are you receiving any of the following Benefits?

Employment Insurance (EI) Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Workplace Safety & Insurance Board (WSIB) Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Motor Vehicle Accident Insurance Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Canada Pension Plan (CPP) Disability Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Any other Disability or Income Continuation Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

During your absence, will you be working or receiving income from another employer or self-employment?

☐ No ☐ Yes, Describe

Member Declaration & Authorization for Release of Information

I certify that the information presented is true, correct, and complete. I understand that for the duration of this claim, I must immediately notify LiUNAcare Local 183 Member Health Management Services of my return to work in any capacity, my receipt of any employment income, and/or any change in my status as it relates to my ability to work or entitlement to short term disability benefits. LiUNAcare Local 183 is administered by Benefit Plan Administrators Limited (BPA) on behalf of the Local 183 Members' Benefit Fund. I hereby authorize BPA, administrators of the Local 183 Members' Benefit Fund, and its subsidiaries, to collect, use, and exchange any and all information and documentation requested by BPA regarding or relating to my medical or mental health condition for the purpose of assessing and managing my claim for short term disability benefits and access to other benefits and services provided by the Local 183 Members' Benefit Fund. This includes authorizing any physician, health care professional, hospital, public or private institution, my employer(s), and Union to provide to BPA any information required for the assessment or management of my claim for short term disability benefits. I authorize BPA to share with TeksMed Services Inc., third party provider, any and all information collected for the purpose of coordinating diagnostic scans and/or specialist consultations and/or procedure if placed on a medical wait list greater than 21 days, should I be eligible for this benefit. I authorize TeksMed Services Inc. to release the results of my diagnostic scan(s) and or specialist consultation(s) to BPA for the assessment and management of my claim for short term disability benefits. I authorize BPA to share with CAREpath, third party provider, any and all information collected for the purpose of providing me individualized nurse case management and health care navigation services should I be eligible for this benefit. I also authorize BPA to share with my Long Term Disability Insurer any and all information and documentation collected should I be eligible for Long Term Disability benefits. All personal information will be treated in a highly confidential manner. It is understood that this authorization is valid from the date hereof through my return to work. This authorization may be withdrawn at any time upon receipt of written notification to BPA. I confirm that a photocopy or electronic copy of this authorization shall be as valid as the original. By signing below, I consent to the collection, use, and disclosure of my personal information as stated above.

Member Signature	Date
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2. EMPLOYER STATEMENT

LiUNAcare Local 183 Health Management Services is responsible for reviewing medical absences to assess eligibility to Short Term Disability benefits offered through the Local 183 Members' Benefit Fund and coordinating other plan benefits and services to assist members in their recoveries and return to work. Please complete the following information in full and return directly to the member or send to LiUNAcare Local 183 Health Management Services via email at memberhealthservices@liunacare183.com or fax at 416-240-7047. Please attach any additional information to help us understand the member's absence, work duties, or physical demands of the job.

Member Information

Member's Last Name	Member's First Name	Union ID Number
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Employment Information

Job Title	Date of hire (mm/dd/yyyy)	Gross weekly earnings
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Member's Normal Work Schedule:

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Number of hours normally worked per week:

Provide a description of the Member's work duties or attach a job description or physical demands assessment

Last day worked	First day absent from work	Actual or expected return to work Date
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Reason for work absence

☐ Medical
 ☐ Lay-Off
 ☐ Dismissed
 ☐ Quit
 ☐ Leave
 ☐ Unknown
 ☐ Other

Has the Member received pay after the last day worked?

☐ Yes
 ☐ No

If yes, provide final day paid

If lay-off, has member been recalled but unable to report due to medical reasons?

☐ Yes
 ☐ No

If yes, provide date of recall

Are modified duties available?

☐ Yes
 ☐ No

Are modified hours available?

☐ Yes
 ☐ No

Declaration

I certify that the above information is true, correct, and complete.

Employer Contact Name	Title
Employer	Telephone
Employer Signature	Date

Please complete and return this form to

LiUNAcare Local 183 Member Health Management Services
200 Labourers Way, Suite 5400 | Vaughan, ON | L4H 5H9
Fax: 416-240-7047 | Email: memberhealthservices@liunacare183.com

3. ATTENDING PHYSICIAN STATEMENT

LiUNAcare Local 183 is responsible for reviewing medical absences to assess eligibility to Short Term Disability benefits offered through the Local 183 Members' Benefit Fund and coordinating plan benefits and services to assist members in their recoveries and return to work. Please complete the following in full and return directly to your patient or send to LiUNAcare via fax at 416-240-7047 or email at memberhealthservices@liunacare183.com. Please attach any additional information regarding the nature or extent of the patient's condition or function. Any fees associated with the completion of this form is the responsibility of the patient.

Patient Information

Patient's Last Name	Patient's First Name	Date of Birth (mm/dd/yyyy)
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Medical Information

Date symptoms first appeared (mm/dd/yyyy)	Date of first visit after work absence	Date condition first prevented patient from working
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Is the condition a result of an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the accident or condition work-related? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is condition due to a motor vehicle accident? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Primary Diagnosis

Secondary Diagnosis and/or Complications
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Functional Abilities - current physical and cognitive abilities

Hospitalization <input type="checkbox"/> No <input type="checkbox"/> Yes	Admittance	Discharge
Surgery <input type="checkbox"/> No <input type="checkbox"/> Yes	Surgery Type	Date <input type="checkbox"/> General Anesthesia <input type="checkbox"/>
Specialist <input type="checkbox"/> No <input type="checkbox"/> Yes	Name/Type	Date <input type="checkbox"/> Pending <input type="checkbox"/>
Diagnostics <input type="checkbox"/> No <input type="checkbox"/> Yes	Type	Date <input type="checkbox"/> Pending <input type="checkbox"/>

If currently on a wait list for specialist consult, diagnostic assessment, or procedure attach requisition so we may coordinate service on an expedited basis

Treatment Plan - therapies, tests/investigations, specialist consults, specialty programs

Medications - name, dosage, and frequency

Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No, describe	Patient not competent to manage own affairs <input type="checkbox"/>
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Prognosis & Return to Work goals - If patient fit to return to work with modifications, provide recommendations for return (restrictions, days per week, hours per day)

Your patient since	Next assessment date	Frequency of visits	Actual or estimated return to work date
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Please attach any additional information that would give us a better understanding of the patient's condition, treatment needs, and abilities

Declaration

I certify that the above information is true, correct, and complete.

Physician's Name	Tel Number
Physician's Address	Fax Number
Physician's Signature	Date

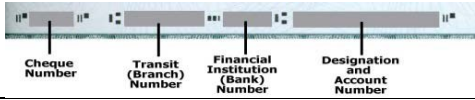
APPLICATION FOR EFT (CAD) DIRECT DEPOSIT

Send to: LiUNAcare Local 183 | 2100 - 200 Labourers Way | Vaughan, ON L4H 5H9
P: 416.240.7487 | F: 416.240.7488 | w: www.liunacare183.com | e: info@liunacare183.com

A. Member Information (Please Print)

Last Name	First Name	Gender	Male	Female
Address		Date of Birth (yyyy/mm/dd)		
Town/ City	Prov.	Postal Code		Country
Member Advantage Benefit Card ID Number (last 10 digits)		Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID		
Email Address		Phone #		
Martial Status	Married Common-Law	Single Separated	Divorced Widow	
				Cell #

B. Account Information

Account Holder Name(s):			
Transit No:	Bank No:	Account No:	
New Authorization		Change to Existing Authorization	

C. Authorization

I/We Acknowledge that this agreement is provided for the Benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process credits into the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this agreement, I/We request my/our benefits to be paid through electronic funds transfer (direct deposit) into this account. This authorization may be cancelled at any time upon written notice by me/us. I/We warrant and guarantee that the Person(s) whose signature(s) is/are required to sign on the Account have signed the Agreement.

Note: If only one signature is required for this account, then only one Payee is needed to sign. However, if two or more signatures are required, then both or all payees *must* sign.

Payee Signature: _____

Payee (2) Signature: _____

Date: _____

Date: _____

Please complete, print, sign, and return by fax at 416.240.7488 **OR** email to info@liunacare183.com