

Employer Guide: Assisting an Employee Applying for Disability Benefits

Disability claims involve several key stakeholders: employer, employee, treating physician, and the insurance provider. If an employee is absent due to disability, the necessary forms are available on our website at www.plannera.ca. The website also includes an Employer Application Checklist, Employee Application Checklist and Employee Guide detailing all required documentation. Please **ensure the employee receives the link** to access these resources.

If the employee has been approved for a leave of absence, premiums must be remitted to Plannera for the expected duration of the leave. If the leave is extended, additional premiums will be required. Premiums must be received by Plannera within 45 days of the last premium paid. Failure to remit premiums within this timeframe **will result in loss of coverage**.

If the employee elects not to continue disability coverage during a leave of absence, the employer must ensure the employee is advised that, should a disability occur during that period, there will be **no disability coverage in place**.

If the employee has applied for Workers' Compensation or Auto Benefits, they should also apply for the Disability Income Plan to meet application deadlines set out in the plan terms and to maintain coverage in the event the other benefit ceases. This also ensures a timely review of any additional benefits. To ensure the correct forms are submitted, please refer to the website for up-to-date versions. All forms must be completed in full — incomplete submissions will result in processing delays. **To support timely adjudication, please submit all forms at least 8 weeks before the end of the qualifying period.**

Completed forms can be submitted via email disability@plannera.ca, fax 306-787-8822 or mail:

Plannera Pensions & Benefits
Attn: Benefit Programs
110 - 1801 Hamilton Street
Regina, SK S4P 4W3

What forms are required from the Employee?

1. Application for Long-Term Disability Benefits – Employee Statement
2. Attending Physician's Statement – Long Term Disability Claim
 - If supporting medical (chart notes, test results, etc.) is not included with the application, this may delay the decision.
 - Any fees associated with the completion of the Attending Physician's Statement are the responsibility of the patient.
3. Plannera Consent to Disclosure of Personal Information

Employees can find a detailed explanation of their responsibilities by reviewing the Employee Guide.

What forms are required from the employer?

1. Disability Income Plan Enrolment Form
2. Application for Long-Term Disability Benefits – Employer's Statement (Part A & Part B)
3. Job Demands Checklist/ Position Description
4. Group Life Plan Enrolment Form

What does the claim process look like?

Once Plannera receives and verifies the completed forms, we will advise the employee and employer, and the full application will be sent to Canada Life for adjudication. The standard processing time after submission is approximately 14 calendar days. During this period, the case manager may reach out to the employee or employer for additional information.

If additional information is required from the employee's healthcare provider, the claim may be pending until the details are received. In such cases, Canada Life will notify the employee of any delays. Plannera will advise the employer of any delays.

What if the claim is approved?

Canada Life will inform the employee of the claim decision, including the benefit start date, payment amount, and relevant contract definitions. An approval letter confirming the decision will also be sent to the employee. Plannera will communicate the outcome to the employer via email.

Effective disability management is best achieved through a collaborative approach involving the employer, employee, medical professionals, and the insurer. Key components of this approach include:

- Maintaining regular communication with the employee and employer.
- Receiving periodic medical updates.
- Supporting a gradual return-to-work plan when appropriate.

What if the claim is declined?

Canada Life will inform the employee of the claim decision by phone and in writing. The written notice will include a detailed explanation of why the submitted information does not support the claim. Plannera will inform the employer of the outcome; however, please note that medical information is confidential and cannot be shared.

The employee will have the opportunity to appeal the decision and will receive instructions outlining the steps and documentation required to initiate the appeal process. The complete appeal process is outlined on our website. Please encourage employees to reach out to Plannera for support.

Return to work planning

Canada Life will continue to actively manage the claim and monitor the employee's progress. When it is both safe and appropriate, they will recommend a rehabilitative return to work. This process will be coordinated with the employer, the employee, and the treating physician(s). If needed, a return-to-work program will be developed with specific goals and timelines. Canada Life will inform you of any restrictions to support a safe and successful reintegration. For more complex situations, the support of a Rehabilitation Consultant may be required, and will be referred on a case-by-case basis.

Employers must proactively inform employees of their right to have union representation present during any return-to-work facilitation meeting or discussions. This includes but is not limited to:

- Meetings regarding modified duties or accommodations.
- Discussions about medical documentation or functional abilities.
- Any conversations that may impact the terms of employment, job status, or working conditions.

If you require assistance with completing any of the forms or have any questions, email disability@plannera.ca or call at 306-787-3440.