CANADIAN CONSTRUCTION WORKERS' UNION BENEFIT TRUST FUND

APPLICATION for

SHORT TERM DISABILITY

BENEFITS

Canadian Construction Workers Union
Disability Management Services

Important Information

If you become disabled, while covered, because of either a non-occupational illness or accidental injury and you cannot perform your job duties, you may be entitled to Short Term Disability Benefits.

In order to be eligible for Short Term Disability Benefits:

- **Employer contributions must have provided your coverage on the date your disability commences**. You are not eligible for disability benefits if you have not met the initial benefit coverage requirements, your benefits coverage has terminated, or if your benefits coverage is being maintained through self-payment at the onset of your disability; and

- **You must also be actively at work immediately prior to your disability**. If you are laid off, terminated, on vacation, unemployed or not working for any other reason, Short Term Disability Benefits may be denied.

The provisions of your Short Term Disability Benefits policy are as follows:

- Your disability must be as a result of a non-occupational illness or a non-occupational accidental injury that impairs you from performing the essential duties of your job;

- You must be diagnosed with a bona fide medically-supported condition which prevents you from performing the essential duties of your job;

- Disabilities caused by or contributed by motor vehicle accidents which occur in the provinces of Ontario and Quebec are excluded from the policy. Please contact your automobile insurer;

- You must be seen by a licensed physician within 48 hours of your work absence. If this was not done you may be required to provide an explanation as to why you were unable to see a physician in a timely fashion;

- Short Term Disability Benefits commence the period following the later of:
  - The 1st day of disability if resulting from a non-occupational accident
  - The 17th week of disability (after the EI integration period) if resulting from a non-occupational illness/condition
  - The date you are hospitalized for over 18 hours,
  - The date you undergo surgical intervention under general anesthetic, or
  - The date you are first seen by, and treated by, a licensed doctor (M.D.)

- The Short Term Disability Benefit is $500 per week. This Benefit is taxable.

Canadian Construction Workers Union
Disability Management Services

The provisions of your Short Term Disability Benefits policy (cont'd):

- Short Term Disability Benefits are integrated with Employment Insurance (EI) Sickness Benefits. If you are eligible for EI, you will receive Short Term Disability Benefits during the EI Waiting Period, but your benefits will be suspended when EI benefits are payable. Short Term Disability Benefits are reinstated should EI Sickness Benefits expire and you continue to meet the eligibility requirements;

- The maximum Short Term Disability Benefits period, inclusive of the 15 weeks of Sickness EI Benefits, waiting period, or any period of non-compliance, is 104 weeks from the date of disability;

- A maximum benefit of up to $100 for the completion of the initial Disability Application Physician Statement is payable should the claim be approved;

- Your Short-Term Disability claim ends on the earliest of the following dates:
    - On the date you are deemed fit to return to your pre-disability occupation; or
    - On the date you return to active full-time work; or
    - On the date you return to any work for pay or profit (excluding Graduated Return to Work Plans); or
    - On the date you reach the maximum benefit duration (104 weeks of disability).

In order to remain eligible for Short Term Disability Benefits during your disability are as follows:

- You must be under the continued care of a Licensed Physician (M.D.) and must be compliant with the treatment plan set forth by your medical practitioner(s) which includes:
    - Attending required appointments with your physicians, specialists, and treatment providers; and
    - Attending all recommended tests, investigations, and diagnostics; and
    - Participating in temporary modified work plans when accommodations are identified.

- You must communicate regularly with your Disability Management Services Case Manager and comply with any requests deemed necessary in the assessment of your eligibility to Short Term Disability Benefits.

- You are required to immediately report any material change in circumstances. This can include a change in health care status, change in work status, or a change in availability to work status. Failure to report any material change in circumstance may result in the delay or termination of Short Term Disability Benefits. If in doubt, contact your Disability Management Services case worker for more information.

Please refer to the Members' Benefit Fund Benefits Booklet for additional information regarding Short Term Disability Benefits and other benefits offered by the plan.

Please note that the eligibility and benefit provisions set out in the Benefits Booklet are general and for information only. The booklet is not, in itself, a legal contract. The terms and conditions of the insurance policies take precedence in the case of dispute.

Canadian Construction Workers Union
Disability Management Services

Application Process

If you meet the above eligibility criteria please complete the enclosed Application Form. When completing the forms please ensure the following is performed:

1. Complete all portions of the **Member Statement** and sign the **Authorization to Release Medical Information**;

2. Have the **Employer Section** completed by your last employer(s);

3. Attach a copy of your **Record of Employment (ROE)** issued by your last employer(s), if available;

4. Apply for **Employment Insurance (EI) Sickness Benefits** immediately;

5. Have your treating physician complete the **Attending Physician Statement**. Attach any additional relevant medical information;

6. Urgently return the completed application to **Disability Management Services** to:

Fax:	**416-240-7047**
Drop-off:	**1263 Wilson Avenue, 3rd Floor West, Suite 302. Toronto, ON. M3M 2G2**
Mail:	**1263 Wilson Avenue, Suite 209. Toronto, ON. M3M 2G2**
Email:	**183disability@homewoodhealth.com**

All portions of the Short Term Disability Application are required in the assessment of your claim

Please contact Disability Management Services at 416-240-2104 or 1-866-315-6011 if you have questions regarding Short Term Disability Benefits or the application process

Canadian Construction Workers Union
Disability Management Services

OTHER GENERAL INFORMATION

- Should your benefit coverage terminate due to insufficient credits while disabled, you may exercise the option to continue your benefit coverage by making **Self-Payments** to the Members' Benefits Plan. Please contact the Members' Benefits Plan Administration Office at 416-240-7480 or at 1-888-790-7488.

- Contact the Members' Benefits Plan Administration Office regarding possible entitlement to other **Plan Benefits** offered through the Members' Benefit Plan at 416-240-7480 or at 1-888-790-7488.

- Payment of monthly **Union Dues** is your responsibility and you must pay ongoing dues to remain in good standing. Contact LIUNA Local 183 at 416-241-1183 or at 1-877-834-1183.

- If you will be off work for a prolonged period of time, speak to the **Labourer's Pension Fund** for guidance on pension matters at 289-291-3663 or at 1-866-932-1100. Disability Pension Benefits will not affect your entitlement to Short Term Disability Benefits.

- If you have developed a severe and prolonged or a terminal condition, speak to your physician regarding Disability Benefits offered through the **Canadian Pension Plan (CPP)**. These benefits will not affect your entitlement to Short Term Disability Benefits.

- If you or your eligible dependents need assistance during times of stress, the **Member & Family Assistance Program (MFAP)** provides eligible members and their eligible dependents access to confidential professional counseling services without service fee. They can be contacted at 1-866-462-8047.

APPLICATION FOR SHORT TERM DISABILITY BENEFITS

NOTE TO CCWU MEMBER

In order to receive Short Term Disability (STD) Benefits an application must be presented to the CCWU Members' Benefit Trust Fund via Disability Management Services. STD Benefits are administered by Homewood Health Inc. & Benefit Plan Administrators Ltd. All three (3) sections of the application must be submitted for the claim to be assessed. Please follow these steps:

- Ensure you are eligible for benefits offered by the CCWU Members' Benefit Plan at the time of your disability;
- Complete the Member Statement and Authorization to Release Medical Information;
- Ensure the Employer Statement is completed by your last employer and attach a copy of Record of Employment (ROE);
- Ensure your treating physician completes and returns the Physician Statement;
- Urgently return the completed application via:
  FAX: (416) 240-7047
  DROP-OFF: Disability Management Services. 1263 Wilson Avenue, 3rd Floor West, Toronto, ON
  MAIL: Disability Management Services. 1263 Wilson Avenue, Suite 209. Toronto, ON. M3M 2G2
  EMAIL: 183disability@homewoodhealth.com
- Apply for Employment Insurance (EI) Sickness and Illness Benefits;
- Comply with the treatment plan recommended by your physician and treatment providers;

Contact us at (**416) 240-2104** or at **1-866 315-6011** for assistance with the application process or for further information.

1. MEMBER STATEMENT

Last Name:	Given Name(s):	Gender: Male ☐ Female ☐

Address:	City, Province:	Postal Code:
Social Insurance Number:	Date of Birth (Month / Day / Year):	Preferred Language:
Telephone #:	Cell #:	Job Title:
Illness/Accident Date (Month / Day / Year):	Last Day Worked (Month / Day / Year):	1st Work Day Missed (Month / Day / Year):

Is the Injury / Illness Work-Related?: ☐ Yes ☐ No

Is this Injury due to a Motor Vehicle Accident? ☐ Yes ☐ No

Please describe how the accident occurred and/or the nature of your condition:

During the disability period are you receiving or have you applied for the following benefits (Check Yes or No)?	I am Receiving Yes	I am Receiving No	I have Applied Yes	I have Applied No
Workplace Safety and Insurance Board (WSIB) Benefits:	☐	☐	☐	☐
Automobile Insurance Accident Benefits:	☐	☐	☐	☐
Union Disability Pension Benefits:	☐	☐	☐	☐
Regular Union Pension Benefits:	☐	☐	☐	☐
Other Disability or Income Continuation Benefits:	☐	☐	☐	☐

During the disability period I am or will be receiving income (pay or profit) from employment or self-employment:	Yes ☐	No ☐	Amount: $ / week

You are required to immediately report any material change in circumstances. This can include a change in health care status, return to work status, or availability to work. Failure to report this may result in the delay or termination of Short Term Disability Benefits.

AUTHORIZATION

I hereby authorize each and every physician, health care professional, hospital, health care institution, or provider to provide to or exchange with Homewood Health Inc. (HHI) & Benefit Plan Administrator Ltd (BPA), third party providers, all information and documents requested concerning my medical and/or behavioral health condition relative to this claim for the purpose of facilitating the delivery of best practice medical care and the assessment of my ability to work. This authorizes HHI & BPA to provide all related medical information and documents to the long-term disability insurer should I need to apply for Long-Term Disability benefits. This authorization is valid from the date hereof through the date of return to work to full duty. Only the information relating to my ability to work will be shared with my employer or union. All information will be treated in a highly confidential manner.

Member Signature: (Required)		Date:	

APPLICATION FOR SHORT TERM DISABILITY BENEFITS

2. EMPLOYER STATEMENT

CCWU is interested in supporting ill and injured members in their recovery and safe, timely return to work. Homewood Health Inc. (HHI) has been requested to review medical absences to determine eligibility to benefits, ability to return to work and co-ordinate the member's recovery and return to work. The information below will be used in the assessment of entitlement to Short Term Disability Benefits offered through the Members' Benefits Plan. Please attach any additional information to help us understand the essential work duties or physical demands of the job.

Please complete the employer statement below and **provide to the member** or **fax directly to Disability Management Services at (416) 240-7047.**

As Disability Benefits offered through the Members' Benefits Plan are integrated with Employment Insurance Sickness Benefits, promptly prepare and provide a **Record of Employment (ROE)** to the worker so that they may apply for this benefit.

If there are any questions, contact us at (**416) 240-2104** or at **1-866 315-6011.**

Member's Name:	Social Insurance Number:
Last Day Worked (Month / Day / Year):	1st Day Missed from work (Month / Day / Year):
Reason for Work Absence:	Gross Weekly Wages:
Job Title:	Date of Hire (Month / Day / Year):
Please provide a short description of the job and essential duties (or attach a copy of a Job Description or Physical Demands Analysis):	
Are Modified Duties Available: ☐ Yes ☐ No	Return to Work Date (Month / Day / Year): [if applicable]
Are Modified Hours Available: ☐ Yes ☐ No	Expected Return to Work Date (Month / Day / Year): [if applicable]
Employer Contact Name:	Title:
Company Name:	Tel # / Fax #:

DECLARATION

I hereby declare that the answers to the above questions are accurate and complete.

Employer Signature: (Required)		**Date:**	

APPLICATION FOR SHORT TERM DISABILITY BENEFITS

3. PHYSICIAN STATEMENT

CCWU is interested in supporting ill and injured members in their recovery and safe, timely return to work. Homewood Health Inc. (HHI) has been requested to review medical absences to determine eligibility to benefits, ability to return to work and co-ordinate the member's recovery and return to work. Please complete the questions below. Any fees required for the completion of this form are the responsibility of the member. Please provide a receipt to your patient so that they may present this for reimbursement. Please attach any additional documentation to help us understand the nature/extent of the patient's condition(s). **Fax completed and signed forms to the confidential fax number at (416) 240-7047.**

Patient's Name:	Date of Birth (Month / Day / Year):	Your Patient Since (Month / Day / Year):
Date of Onset (Month / Day / Year):	1st Seen for this Condition (Month / Day / Year):	1st Seen after Absence (Month / Day / Year):

Diagnosis (DSM-5 Diagnosis if mental health condition):

Was the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0) administered? ☐ No ☐ Yes
If yes, please forward a copy of the completed assessment.

Secondary Diagnoses / Signs & Symptoms:

Restrictions and Limitations:

Is this a result of an Accident: ☐ No ☐ Yes , describe accident / mechanism of injury:

Is this Injury/Illness Work-Related?: ☐ No ☐ Yes	Is this Injury/Illness due to an motor vehicle accident?: ☐ No ☐ Yes
Can Patient Perform Modified Duties?: ☐ No ☐ Yes	Can Patient Perform Modified Hours?: ☐ No ☐ Yes

List Work Restrictions and/or Graduated Return to Work Plan:

Treatment Plan:

Medications:

Rehabilitation: ☐ No ☐ Yes - Type / Location:	Compliant with Care: ☐ No ☐ Yes - if no please explain:
Hospitalization: ☐ No ☐ Yes - From / To:	Diagnostic Testing: ☐ No ☐ Yes - Date and Type:
Surgery: ☐ No ☐ Yes - Date and Type:	Surgery Under General Anesthesia: ☐ No ☐ Yes
Specialists: ☐ No ☐ Yes - Name / Specialty:	Next Appointment with you (Month / Day / Year):
Frequency of Visits: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ As Needed	Estimated Return to Work date (Month / Day / Year):

Please attach any other documentation that would give us a better understanding of your patient's condition or treatment

Physician's Name:	Phone:
Physician's Address:	Fax:
Physician's Signature:	**Date:**