

TO THE EMPLOYEE:

APPEALING A DENIED OR TERMINATED LTD CLAIM

What if Canada Life deny or terminate my claim for medical reasons?

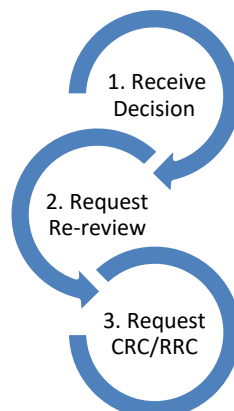
Canada Life will deny or terminate your claim if there is insufficient medical evidence to show you cannot work due to a disabling condition. Or they may suspend your LTD benefits if you are not fully participating and cooperating in a recommended rehabilitation plan. If this is the case, you may wish to talk to your doctor and employer about returning to work. If you do not agree with Canada Life's decision and feel you are medically unable to work, or alternatively, participate in a rehabilitation plan that will facilitate a return to work, you should immediately contact your union to discuss the decision and explore your options. You may also decide to appeal Canada Life's decision by following the Appeal Process.

What is the purpose of appealing?

The Appeal Process is one that allows you to request a reconsideration of Canada Life's decision after your claim has been denied, terminated, or suspended due to non-participation in a rehabilitation plan. The benefits of the appeal process are to give you an opportunity to present additional information directly to Canada Life potentially leading to a more favorable outcome. It is a quicker, less stressful and more economical way of advocating for your disability claim and having your LTD benefits reinstated than moving directly to a Review Committee.

What are the steps in the Appeal process?

When appealing an LTD claim denial or termination, it is essential to follow a structured process. Here is a simplified process map for an LTD claim appeal:



First, carefully read the denial letter to understand why your claim was declined, terminated or suspended.

Understanding the specific reasons for the decision will guide you on what additional information is needed. To assist with your appeal, at any point you may request disclosure of your LTD claim file so that you can determine if any relevant information has not been provided to Canada Life.

If your claim has been denied for non-medical reasons such as eligibility, we suggest you contact your employer or union representative right away.

Make note of the timelines for Appeals and Review Committee Requests as follows:

JOINT TRUST OR BARGAINING ASSN.	STAGE 1	STAGE 2	REHABILITATION REVIEW COMMITTEE REQUESTS
	INTERNAL REVIEW PROCESS (APPEAL)	EXTERNAL REVIEW PROCESS (CRC)	
JFBT & JCBT members under the Facilities and Community Bargaining Associations	18 month time limit to appeal a decision *	90 days	As soon as possible
JHSBT members under the HSP Bargaining Association	24 month time limit to appeal a decision		As soon as possible
Nurses Bargaining Association members	24 month time limit to appeal a decision		As soon as possible
Resident Doctors of BC	18 month time limit to appeal a decision *		As soon as possible
Policy 51337 - unionized claimants with DOD prior to April 1, 2017 (excl. NBA);	18 or 24 month time limit to appeal a decision depending on Bargaining Association *		As soon as possible
Policy 51367 – CSSEA (Community Living, General Services, Indigenous Services)	18 month time limit to appeal a decision *		As soon as possible
Policy 51337 - Management & Excluded Employees	18 month time limit to appeal a decision*	N/A	N/A
Ambulance Paramedics & Ambulance Dispatchers	18 month time limit to appeal a decision *	N/A	N/A

* Unless a timeframe is specified in your Collective Agreement, the Plan requires an appeal to be initiated within 18 months

Time limits to submit Appeals and CRCs start from the last written decision from Canada Life

Please note that while you have an extended period in which to appeal Canada Life's decision, it is in your best interest to take immediate action.

How do I appeal Canada Life's decision?

Stage 1: Internal Review Process:

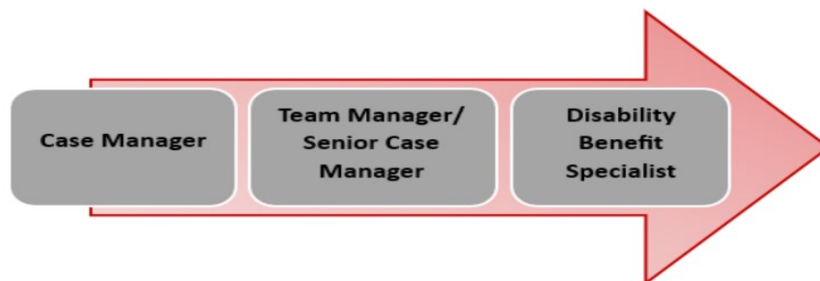
You may request an appeal of Canada Life's decision by submitting new medical information to them, or simply requesting that your file be re-reviewed:

- Gather and submit all relevant medical records, including missing or updated reports.
- Request a letter from your treatment provider(s) detailing your disability and limitations.
- If you have any upcoming specialist appointments or will have other information available soon, notify Canada Life and submit it as soon as it is available.
- For claims in the **Own Occupation** period of disability assessment, review the vocational information submitted to ensure that Canada Life has received an accurate description of your job.
- If your benefits have been suspended because Canada Life determined you are non-compliant with the recommended rehabilitation plan, contact Canada Life immediately to provide an explanation why you are unable to participate, advise when you will be re-engaging in the rehabilitation plan, or submit medical information to support your inability to participate in the rehabilitation plan. You are encouraged to take swift action here in order to have your benefits reinstated. **You are not required to exhaust the appeal process and can request a Rehabilitation Review Committee (RRC) at any time.** Refer to Stage 2, item 2 on page 5 for more information on the RRC process.
- If you don't have any more medical information to submit, you may also send a written explanation why you don't agree with Canada Life's decision and request that your file be re-reviewed.

You may independently request an appeal if that is your preference. You do not need to have union representation to do so.

There are many opportunities to have the decision reviewed in the Internal Review phase. Once the first decision has been made (Level 1), the next correspondence from you will move the file to Level 2 to trigger further review. You do not need to request an escalation.

The three levels of internal review are outlined below:



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- Level 1** Review by the Case Manager, who will also check to see if any specific medical information was requested and not received or may now be needed. They will provide a decision letter that clearly outlines the rationale for the decision and the next steps you could take in appealing.
- Level 2** Review by a Senior Case Manager or Team Manager: If the Case Manager's decision is unchanged, the file will be escalated to a Team Manager or designated equivalent. Upon completion of their review, if their decision remains unchanged, the file will automatically be escalated to Level 3.
- Level 3** Review by a Senior Disability Specialist at Canada Life's Head Office: They will review the entire claim file, including any new information, and then provide a decision letter that clearly outlines the rationale for decision, and advise you about the option of appealing to a Claims Review Committee or Rehabilitation Review Committee.

If Canada Life accepts your claim at any level, your benefits will be reinstated and there will be no need to proceed further.

If Canada Life still does not accept your claim, and you have no further medical information to submit, carefully read the denial letter to understand the decision to determine if there is anything further you need to submit. If you continue to disagree with their decision, proceed to **Stage 2** (if applicable). If you have not already contacted your union or requested a copy of your file, now would be the time to do so.

What if Canada Life maintains the decision to deny or terminate my claim after I have completed the Appeal process?

Stage 2: External Review Process (only applicable to those with a Review Committee provision in their Collective Agreement):

Please also note that this stage of appeal does not apply if Canada Life's decision is unrelated to a medical determination whether you meet the definition of disability under the terms of the Plan during the Own or Any Occupation periods. For example, if you were deemed ineligible to submit a disability claim due to lack of coverage, not being under the care of a physician, or benefit discrepancies, these are not matters to be reviewed by a medical review panel.

1. **Claims Review Committee (CRC)** - If Canada Life uphold the determination that you do not meet the definition of disability under the terms of the plan you may request that your file be referred to a **Claims Review Committee (CRC)**. We strongly suggest that you contact your union prior to initiating your request as they can provide you with assistance in navigating the process and may cover your share of the costs to pursue the CRC.

Please note that appeals to a CRC are only available after you have exhausted the Internal Review Process at Canada Life. The request for a CRC should be submitted to Canada Life within the timeline listed above unless there are good and sufficient reasons to extend the time period. Failure to submit your request within the timeline may affect your ability to have your claim reviewed by a CRC. The deadline is based on the last written decision you received from Canada Life.

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2. **Rehabilitation Review Committee (RRC)** - If Canada Life have determined that you are non-compliant with the rehabilitation plan and you have already submitted information to support why you do not agree with the plan or do not agree you are medically able participate in the approved rehabilitation plan, you may request your file be referred to a **Rehabilitation Review Committee (RRC)**. We strongly suggest that you contact your union prior to initiating your request as they can provide you with assistance in navigating the process and may cover your share of the costs to pursue the RRC. **Please note that for an RRC, you are encouraged to take swift action to ensure benefit entitlement under the LTD Plan.**

The CRC and RRC processes are as follows:

1. To start the process, write Canada Life and request that your LTD claim be referred to a CRC (or RRC if applicable). You should also contact your union for assistance. If you are being represented by your union, attach a copy of the letter authorizing your union to assist you with your appeal.
2. Canada Life will refer your claim file to the offices of the Healthcare Benefit Trust (HBT) who are the Benefit Administrator for Policies 51337/51367. HBT also acts as the Third Party Administrator for the Joint Trust's Policies 59232/59233/59234. HBT staff will coordinate the CRC/RRC for your disputed LTD claim.
3. You will receive a call from HBT to confirm and/or update your contact details. HBT will then send a letter confirming your request has been received along with information on the next steps.
4. HBT will prepare a package containing all the medical and vocational information from your LTD claim file held by Canada Life, along with the applicable CRC or RRC Terms of Reference and Expense Guidelines. An electronic copy of the file will be sent to the Panel of three doctors, to you, and to your union (if authorized by you).
5. Please take the time to review the contents of the package. Contact your union or HBT immediately if you find inaccuracies so that these issues can be addressed before the meeting. If new medical information becomes available that was not available to you before you requested a CRC/RRC, you should submit it to HBT's offices right away. If there is sufficient time before the meeting, HBT will ask Canada Life to review the new information, and they will then advise if their decision has changed based on the new information. If Canada Life maintains their decision to decline the claim, the meeting will proceed. Otherwise, your benefits will be reinstated and there will be no need to proceed with the CRC/RRC meeting.
6. You will meet with the Panel, and they will interview and possibly examine you. This meeting may take place in-person or virtually as determined by the Panel. They may also request that you attend further medical tests.
7. The Panel will decide whether they agree or disagree with Canada Life's decision. They will submit a report, and a copy of the report will be given to you, the Disability Manager at your employer, your union and Canada Life.

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8. If the Panel overturns Canada Life's decision, your LTD claim will be accepted/reinstated, and benefits will continue to be paid by Canada Life as long as you remain disabled under the terms of the LTD Plan.

If the Panel upholds Canada Life's decision, your LTD claim file will be closed with no further benefits payable.

If this was an RRC appeal, your LTD benefits will again be suspended until you participate and cooperate in the approved rehabilitation plan.

9. The process may take 3 – 6 months from the date of your request depending on meeting availability.

What if the Committee does not accept my claim and I disagree with their decision?

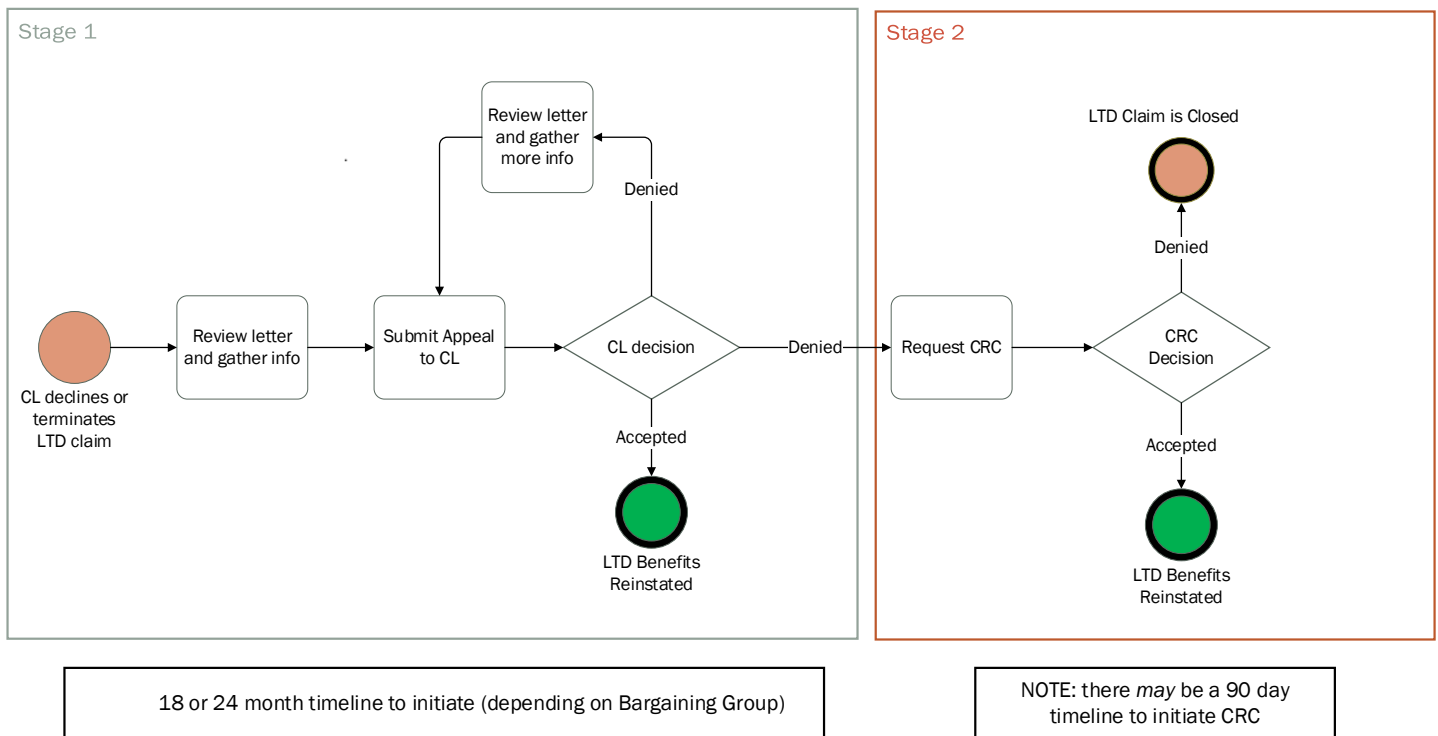
The CRC and RRC have been established to be the only dispute resolution process for unionized members to appeal decisions of the claims paying agent. Decisions of the Committee are considered arbitration awards and therefore are final and binding on the parties for all medical and vocational matters. Instead, if you dispute the Committee's decisions because you believe the hearing was unfair or they misinterpreted the Plan language, you **must** appeal to the BC Labour Relations Board under Section 99 of the *Labour Relations Code*. To start such an appeal, contact your union representative. Please note you have 15 days in order to submit your appeal unless a mutually agreed extension is given.

The Courts have confirmed they do not have jurisdiction over these types of disputes. If a legal action is filed against any of the respective Trusts or Canada Life, we will request that the courts dismiss the action on jurisdictional grounds.

What if Canada Life maintains the decision to deny or terminate my claim and I don't have access to a Claims or Rehabilitation Review Committee? (applies to non-unionized members and APAD members under Policy 51337)

If you wish to challenge the decision to decline or terminate your LTD benefits after appealing and you do not have access to a Claims or Rehabilitation Review proceeding, your recourse would be to commence a Civil Proceeding in the BC Courts. The action should be filed against "*The Trustees of the Healthcare Benefit Trust*". Canada Life should not be a party to the action in a claim for benefits.

What does the Appeal Process look like?



How do I contact my union?

You may contact your union as follows. If you do not find your union listed here, we recommend you contact the local office:

	Toll Free Number	E-Mail contact
BCGEU	1-844-633-4573	Benefits@bcgeu.ca
BCNU	1-800-663-9991	LTD@bcnu.org
CUPE	1-250-508-0968	admin@cupe.edmp.ca
HEU	1-800-663-5813	benefits@heu.org
HSA	1-800-663-2017	dm@hsabc.org
RDBC (formerly PAR-BC)	1-888-877-2722	info@residentdoctorsbc.ca
UFCW	1-800-661-3708	reception@UFCW1518.com
PEA	1-250-385-8791 Ext. 211	ifarah@pea.org
USW	1-250-368-9131	Benefits1@usw480.com