



- Healthcare Benefit Trust (HBT) Policy #51337
- Joint Community Benefits Trust (JCBT) Policy #59234
- Joint Facilities Benefits Trust (JFBT) Policy #59233
- Joint Health Science Benefits Trust (JHSBT) Policy #59232
- Community Social Services Employers' Association (CSSEA) Policy #51367
- Healthcare Benefit Trust (HBT) Policy #50168

## Monthly Earnings Report While on LTD

Employee Name \_\_\_\_\_ Payroll ID \_\_\_\_\_

HBT Employer Division #: \_\_\_\_\_ HBT Benefits ID No. (BID) \_\_\_\_\_

For the calendar month (M/Y) \_\_\_\_\_ and based on pay periods ending (D/M/Y) \_\_\_\_\_

and (D/M/Y) \_\_\_\_\_ and (D/M/Y) \_\_\_\_\_

**1. HOURS WORKED** (include any overtime, shift differential, qualification differential, isolation allowance, stat holiday pay)

# of Hours Worked (A)	Hourly Rate of Pay (B)	Total Paid (A) x (B)
<b>Total Paid in the Month</b>		<b>(C) \$</b>

**2. VACATION** (include any vacation hours earned while on LTD and paid-out while on LTD; exclude vacation earned prior to LTD qualification date)

# of Hours Paid Vacation (A)	Hourly Rate of Pay (B)	Total Paid (A) x (B)
<b>Total Paid in the Month</b>		<b>(D) \$</b>

**3. PAID LEAVE**

**Sick Leave While Working and on LTD:** LTD claimants who are working and who call in sick for a scheduled shift are not eligible for sick pay, regardless of when the sick pay was earned. Instead they will receive LTD benefits for that day. There is no requirement to advise Canada Life of unpaid sick days. If there are special circumstances where the employer intends to pay sick leave, please contact Canada Life first.

**Other Paid Leave for HSP and NBA only:** An LTD claimant who is working in rehab employment under an Approved Rehabilitation Plan may be eligible for other paid leave. Report such paid leave below:

NBA or HSPBA: Type of Paid Leave	# of Hours Paid Leave (A)	Hourly Rate of Pay (B)	Total Paid (A) x (B)
<b>Total Paid in the Month</b>			<b>(E) \$</b>

**4. TOTAL PAID EARNINGS IN THE CALENDAR MONTH: (C) + (D) + (E) = \$** \_\_\_\_\_

**Comments** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **Date Completed** \_\_\_\_\_

**Prepared by** (please print) \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

This form is to be submitted to Canada Life as soon as possible following the end of the calendar month, to ensure the timely payment of LTD benefits.

*Email or fax completed form to the appropriate Canada Life Disability Management office: Calgary: calgary.dms@canadalife.com, fax: 1.877.486.7894 | Langley: langley.dms@canadalife.com, fax: 1.844.569.3131 | Vancouver: vancouver.dms@canadalife.com, fax: 1.844.816.1038*

*If you are unable to email, documentation may be submitted by mail and should be directed to the Canada Life Assurance Company: PO Box 1055, Winnipeg, MB R3C 2X4*