BPA

Health Management Services

INSULATORS LOCAL 95 TRUST FUND

WEEKLY INCOME REPLACEMENT BENEFITS

Health Management Services
90 Burnhamthorpe Road West, Suite 300 | Mississauga, Ontario | L5B 3C3
Tel: (905) 275-6466 | Toll Free: 1-800-867-5615| Fax: (905) 275-6462
Email: healthmanagement@bpagroup.com | Web: insulators95benefits.ca

INSULATORS LOCAL 95 BENEFIT FUND

WEEKLY INCOME REPLACEMENT BENEFITS
APPLICATION PROCESS & ELIGIBILITY REQUIREMENTS

APPLICATION PROCESS

1. Confirm your Benefit Plan coverage at the onset of your disability;
2. Ensure you meet the eligibility requirements for this benefit;
3. Complete the enclosed **Weekly Income Replacement Benefit Application form**;
   I. Member to complete and sign the **Member Statement** section (page 1) of the application form;
   II. Ensure your current employer completes the **Employer Statement** (page 2);
   III. Have your physician overseeing your medical care fill out the **Attending Physician Statement** (page 3);
4. Obtain a Record of Employment (ROE) from your employer and apply for **Employment Insurance Sick Benefits**;
5. Return all portions of the Weekly Income Replacement Benefits Application form to Benefit Plan Administrators Ltd (BPA) Health Management Services via

   Email: healthmanagement@bpagroup.com

   Fax: (905) 275-6462

   Mail: 90 Burnhamthorpe Road West, Suite 300. Mississauga, ON. L5B 3C3
6. Submit the Application at the same time you apply for Employment Insurance Sick Benefits.
7. All three (3) sections of the Application form are required to begin assessing your clam.

ELIGIBILITY REQUIREMENTS

- You must be an Eligible Active Member with Benefit Plan coverage on the date your disability started;
- You must be actively at work on the date you become disabled;
  - If you are laid-off and have been recalled to work, but unable to due to your medical condition, you may be eligible
- Employer contributions must have provided your Benefit Plan coverage on the day you become disabled (if your benefit coverage is being maintained through self-payment at the onset of your disability, you are not eligible for this benefit);
- You must be under age 70 at the onset of your disability;
- Your disability must be a result of a non-occupational illness or non-occupational injury;
- You must be diagnosed with a bona-fide medical condition which prevents you from working and performing the essential duties of your own pre-disability occupation;
- You must be seen by, treated by, and under the continued care of a licensed physician (M.D.) in Canada;
- You must be absent from work for more than one (1) week (qualifying period).

Health Management Services
90 Burnhamthorpe Road West, Suite 300 | Mississauga, Ontario | L5B 3C3
Tel: (905) 275-6466 | Toll Free: 1-800-867-5615| Fax: (905) 275-6462
Email: healthmanagement@bpagroup.com | Web: insulators95benefits.ca

WEEKLY INCOME REPLACEMENT BENEFITS
BENEFIT AMOUNT & DURATION

BENEFIT AMOUNT AND DURATION

- Maximum benefit payments of $562 per week less tax being withheld from each weekly benefit payment;
- Benefits are integrated with Employment Insurance (EI) Sickness benefits and you are required to apply for EI;
    - If you qualify for EI benefits, Weekly Income Replacement benefits will be reduced by the number of full or partial weeks for which you are entitled to EI benefits whether you apply for them or not;
    - If you do not qualify for EI benefits, Weekly Income Replacement benefits will be payable during this time provided you submit supporting documentation of your ineligibility for EI benefits.
- If you continue to be disabled after exhausting EI benefits, the Plan will initiate Weekly Income Replacement benefits provided you remain disabled and provide ongoing medical documentation to support your disability;
- Weekly Income Replacement Benefits commence on the 17th week of disability, after the EI benefit period. If you do not qualify for EI benefits, Weekly Income Replacement benefits commence on the 8th day of disability.
- Benefits will not commence until you are seen by and treated by a legally qualified Physician or Surgeon;
- Weekly Income Replacement benefits are reduced by the amount of Canada Pension Plan (CPP) Disability / Quebec Pension Plan (QPP) Disability benefits which are payable to you from the 27th week of disability;
    - **It is your responsibility to promptly claim CPP/QPP benefits and advise BPA of the status of your application. Failure to do so will result in the suspension on Weekly Income Replacement benefits.**
- Benefits are also reduced by any other income payable under any other plan or program provided to you by your employer, government, or any subdivision or agency of the government;
- Weekly Income Replacement benefits are payable to a maximum of 104 weeks from the start of your disability, inclusive of any weeks paid by EI;
- Short Term Disability Benefits end once;
    - You return to active full-time work; or
    - You are deemed fit to return to your pre-disability job; or
    - You are no longer under the ongoing care of a legally qualified Physician or Surgeon; or
    - You retire or turn age 70; or
    - You reach the maximum benefit duration (104 weeks of disability).
- If you are under age 60 and remain totally disabled beyond the maximum benefit duration, you may be eligible for Long Term Disability Benefits. Health Management Services will assist with your application for this benefit.
- If you return to active work full-time work but sustain a successive disability, a new waiting period and benefit duration will start if you work:
    - Two (2) weeks before you again become disabled because the same or related cause;
    - One (1) day before you again become disabled because of a different or unrelated cause.

Health Management Services
90 Burnhamthorpe Road West, Suite 300 | Mississauga, Ontario | L5B 3C3
Tel: (905) 275-6466 | Toll Free: 1-800-867-5615| Fax: (905) 275-6462
Email: healthmanagement@bpagroup.com | Web: insulators95benefits.ca

WEEKLY INCOME REPLACEMENT BENEFITS
ONGOING ELIGIBILITY & EXCLUSIONS

ONGOING ELIGIBILITY

- If your claim is accepted, and to remain eligible for Weekly Income Replacement benefits, you are required to
  - Remain under the continued care under the care of a legally qualified Physician or Surgeon;
  - Be compliant with all aspects of your treatment plan including attending all recommended medical assessments, investigations, and treatment; and
  - Participate in modified work plans when available and deemed suitable; and
  - Communicate regularly with your BPA Health Management Services case worker; and
  - Immediately notify BPA Health Management Services of your return to work, your receipt of employment income, any change in your work status or availability to work, or any change in your medical status as it relates to your ability to work; and
  - Comply with requests necessary for the assessment and management of your claim; and
  - Report for a medical examination as required to substantiate you benefit entitlement.

EXCLUSIONS & LIMITATIONS

- No Weekly Income Replacement benefits will be paid for:
  - Any day in which you are not under the ongoing care of a legally qualified Physician or Surgeon;
  - Any day you perform any kind of work, anywhere, for compensation or profit (except rehabilitation programs and graduated return to work plans approved by BPA Health Management Services);
  - During any leave of absence;
  - Any day you are receiving Disability, Early Retirement, or Retirement benefits under any employer or union sponsored pension plan;
  - Any day you are entitled to receive Employment Insurance benefits;
  - Any day you are entitled to receive Workplace Safety and Insurance Board (WSIB) benefits;
  - Any injury or illness cause by or contributed by a motor vehicle accident. This applies to motor vehicle accidents which occur in the provinces of Ontario and Quebec;
  - Any disability due to or associated with treatment rendered for cosmetic purposes;
  - Any portion of a period of disability resulting from substance abuse, including alcoholism and drug addiction, unless you are participating in a recognized substance withdrawal program;
  - Any disability resulting from intentionally self-inflicted injuries;
  - Any disability resulting from voluntary participation in war, riot, or insurrection;
  - Any period of disability during which you are imprisoned in a penal institution or confined in a hospital or similar institution as a result of criminal proceedings.

INSULATORS LOCAL 95 BENEFIT FUND

Application for Weekly Income Replacement Benefits

BPA Health Management Services | 300 - 90 Burnhamthorpe Road West | Mississauga, ON | L5B 3C3
Tel: (905) 275-6466 | Toll Free: 1-800-867-5615 | Fax: (905) 275-6462
Email: healthmanagement@bpagroup.com

MEMBER STATEMENT

All three (3) sections of this application must be completed, signed, and submitted for the assessment of your claim for Short Term Disaility Benefits.

1. Member Statement;
2. Employer Statement (or Record of Employment) completed by your Employer at the onset of your disability;
3. Attending Physician Statement completed by the Licensed Medical Doctor 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.

Member Information

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

Absence Information

Last Day Worked (mm/dd/yyyy)	First Day Continuously Absent due to Disability	Return to Work Date
Expected Return to Work Date	Is your Condition due to an Accident? ☐ No ☐ Yes	Accident Date
Did the Accident Involve a Motor Vehicle? ☐ No ☐ Yes	Is the Accident or Medical Condition Work-Related? ☐ No ☐ Yes	WSIB Claim Number?

Describe the Nature of your Medical Condition and Accident, if applicable (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	☐ Applied	☐ Approved	☐ Denied
Workplace Safety & Insurance Board (WSIB) Benefits	☐ Applied	☐ Approved	☐ Denied
Motor Vehicle Accident Insurance Benefits	☐ Applied	☐ Approved	☐ Denied
Canada Pension Plan (CPP) Benefits	☐ Applied	☐ Approved	☐ Denied
Any Other Disability or Income Continuation Benefits	☐ Applied	☐ Approved	☐ Denied

During your Absence, are you able to or 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 BPA Health Management Services of my return to work in any capacity, my receipt of any employment income, and any change in my status as it relates to my ability to work or entitlement to Weekly Income Replacement benefits.

I hereby authorize Benefit Plan Administrators Ltd (BPA), administrators of the Insulators Local 95 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 Weekly Income Replacement benefits and access to other benefits and services provided by the Insulators Local 95 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 Weekly Income Replacement benefits. 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

INSULATORS LOCAL 95 BENEFIT FUND

Application for Weekly Income Replacement Benefits

BPA Health Management Services | 300 - 90 Burnhamthorpe Road West | Mississauga, ON | L5B 3C3
Tel: (905) 275-6466 | Toll Free: 1-800-867-5615 | Fax: (905) 275-6462
Email: healthmanagement@bpagroup.com

EMPLOYER STATEMENT

BPA Health Management Services is responsible for reviewing medical absences to assess eligibility to benefits offered through the Insulators Local 95 Benefit Fund and coordinating benefits and services to assist Members in their recoveries and return to work. The information below is required to assess the Member's ability to work and eligibility to Weekly Income Replacement benefits offered through the Benefit Plan.

Please complete the following information in full and return directly to the Member or send to BPA Health Management Services. 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

Employment Information

Job Title	Date of Hire (mm/dd/yyyy)	Gross Weekly Earnings

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

Reason for Work Absence

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

If Lay-off, Please Provide Date of Lay-Off:

Has the Member Received Pay After the Last Day Work?	If Yes, Provide Date Pay Stopped
☐ Yes ☐ No	
Was the Member Recalled back to Work but Unable due to Medical Reasons?	**If Yes, Provide Recall Date**
☐ Yes ☐ No	
Are Modified Duties Available?	**Are Modified Hours Available?**
☐ Yes ☐ No	☐ 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

BPA Health Management Services

90 Burnhamthorpe Road West, Suite 300 | Mississauga, Ontario | L5B 3C3
Fax: (905) 275-6462| Email: healthmanagement@bpagroup.com

INSULATORS LOCAL 95 BENEFIT FUND

Application for Weekly Income Replacement Benefits

BPA Health Management Services | 300 - 90 Burnhamthorpe Road West | Mississauga, ON | L5B 3C3
Tel: (905) 275-6466 | Toll Free: 1-800-867-5615 | Fax: (905) 275-6462
Email: healthmanagement@bpagroup.com

ATTENDING PHYSICIAN STATEMENT

BPA Health Management Services is responsible for reviewing medical absences to assess eligibility to benefits offered through the Insulators Local 95 Benefit Fund and coordinating benefits and services to assist Members in their recoveries and return to work. The information below is required to assess your patient's ability to work and eligibility to Weekly Income Replacement benefits offered through the Benefit Plan. Please complete the following information in full and return directly to your patient or send to BPA Health Management Services. Please attach any additional information that would help us understand the nature or extent of the patient's medical status or absence from work. 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)

Medical Information

Date Symptoms First Appeared (mm/dd/yyyy)	Date of First Visit after Work Absence	Date Condition First Prevented Patient from Working

Is the he Condition a Result of an Accident?	Is the Accident or Condition Work-Related?	Is Condition a Result of a Motor Vehicle Accident?
☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

Primary Diagnosis

Secondary Diagnosis and Additional Conditions

Restrictions and Limitations - What specifically prevents your patient from performing his/her job duties?

Hospitalization ☐ No ☐ Yes	Admission Date	Discharge Date	
Surgery ☐ No ☐ Yes	Surgery Type	Date	General Anesthesia ☐
Specialist ☐ No ☐ Yes	Specialist Name	Specialty	
Childbirth ☐ No ☐ Yes	Expected/Actual Delivery Date	Delivery Type	

Treatment Plan (ie. medication & dosage; physiotherapy, frequency, & duration; upcoming test/referral/procedure incl. types & dates)

Compliance ☐ Yes ☐ No, Describe Above	Patient not Competent to Manage Own Affairs ☐

Note: If expedited diagnostic or specialist assessment is recommended, please enclose the requisition. If cognitive behavioural therapy (CBT) recommended, enclose the psychological treatment referral so care can be coordinated on an expedited basis.

If patient is able to return to work with modified hours or duties, please provide date and recommendations for return to work

Next Assessment Date	Frequency of Visits	Actual or Estimated Return to Work Date – Own Job

Please attach any additional information that would give us a better understanding of the patient's condition or treatment needs.

Declaration

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

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