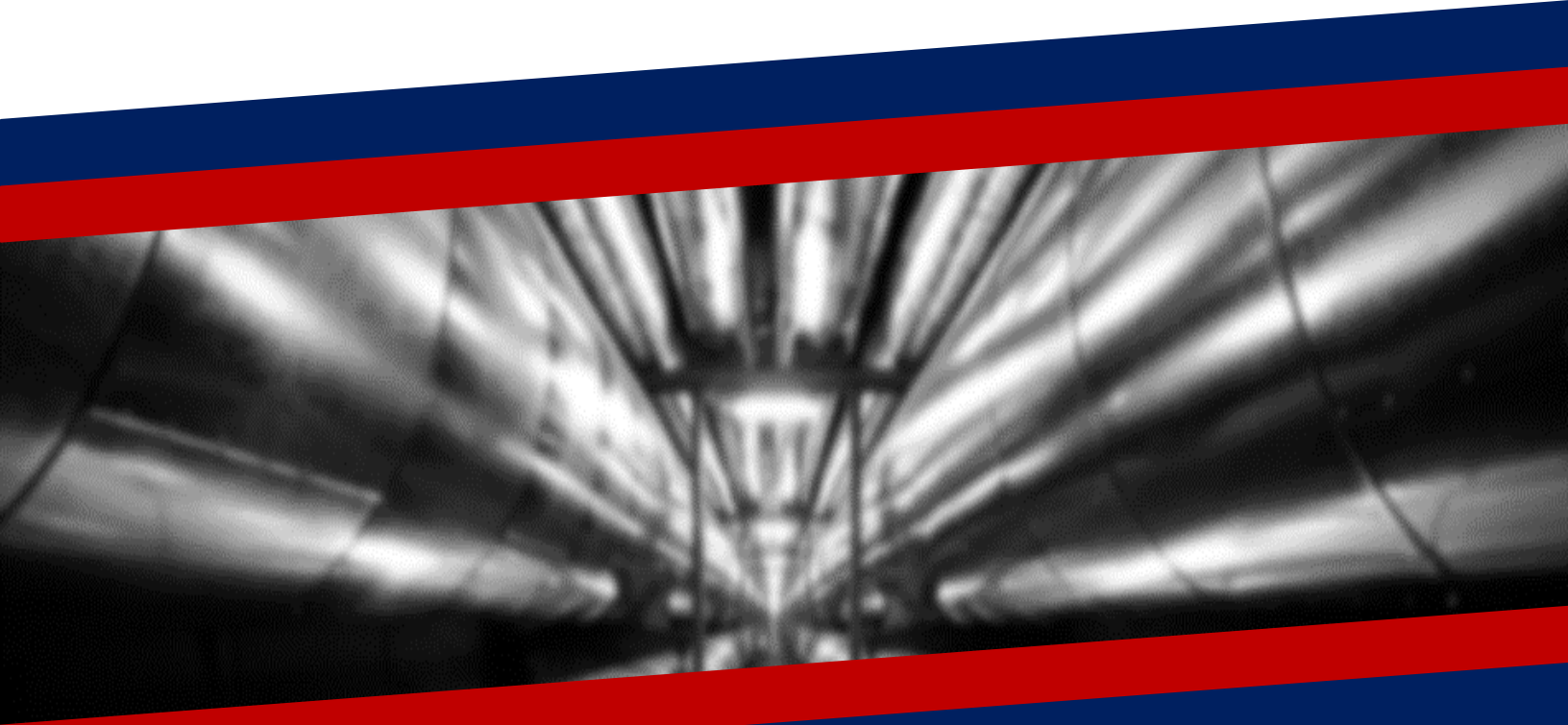




**INSULATORS LOCAL 95  
BENEFIT TRUST FUND**



**Application for  
WEEKLY DISABILITY WAGE REPLACEMENT BENEFITS  
- Short Term Disability Benefits -  
Policy 5916**



## INSULATORS LOCAL 95 BENEFIT TRUST FUND

### WEEKLY WAGE REPLACEMENT - SHORT TERM DISABILITY BENEFITS

If you become disabled while covered because of either an illness or accidental injury that is non-occupational and you cannot perform your job duties, you may be entitled short term disability benefits.

#### What are the eligibility requirements?



- You must be an active member with plan coverage on the date your disability started.
- Employer contributions must have provided your plan coverage on the day you become disabled.
- You must be actively at work on the date you become disabled.
- If you are laid-off on the date you become disabled, you may qualify for this benefit provided you are recalled back to work but remain disabled from working and have plan coverage at the time of recall.
- You must be under age 70 at the onset of your disability.



- Your disability must be a result of a non-occupational illness or injury - if the accidental injury or medical condition that prevents you from working was caused by work, you must file a claim with the Workplace Safety & Insurance Board (WSIB).
- If your disability was caused by or contributed by a motor vehicle accident which occurred in the province of Ontario or Quebec, this is excluded, and you are not eligible for this benefit.
- There are several other exclusions and limitations – visit [insulators95benefits.com](http://insulators95benefits.com) or refer to the benefit booklet.



- You must be seen by, treated by, and be under the continued care of a licensed physician in Canada.
- You must be diagnosed with a bona-fide medical condition which prevents you from working and performing your pre-disability job duties.
- You must be absent from work for more than 7 consecutive days to receive this benefit (qualifying period).

#### How to apply for short term disability benefits?

1. Ensure you meet the eligibility requirements for this benefit listed above.
2. Complete and sign the **Member Statement** (Page 1) of the Short Term Disability Benefits Application Form.
3. Ensure your employer completes the **Employer Statement** (Page 2).
4. Obtain a Record of Employment (ROE) and promptly apply for **Employment Insurance (EI) Sickness Benefits**.
5. Ensure the physician overseeing your medical care completes the **Attending Physician Statement** (Page 3). Physician fees incurred during the initial application process are covered as a reimbursable health care expense.
6. All three (3) sections of the Application Form are required to begin assessing your claim.
7. Return the completed application to Benefit Plan Administrators Limited (BPA) by



Email: [healthmanagement@bpagroup.com](mailto:healthmanagement@bpagroup.com)



Mail: **90 Burnhamthorpe Road West, Suite 300 | Mississauga, ON | L5B 3C3**



Fax: **(905) 234-2771**



Questions: Email or call us at **1-866-315-6011**

## How does short term disability work?



- Once we receive your completed application, a BPA representative will review your application to determine whether you meet the eligibility requirements for this benefit.
- If approved, short term disability benefits are payable at the Employment Insurance benefit rate at date of disability, less tax withholdings.



- If you signed-up for direct deposit via eClaims, short term disability payment(s) will be automatically deposited into your bank account via electronic fund transfer. If you have not registered yet, you will receive payments via cheque. Refer to page 4 for instructions on how to register for eClaims and direct deposit.
- Short term disability benefits are integrated with Employment Insurance (EI) Sickness benefits - you are required to apply for this benefit.
- While EI benefits are payable, you are not eligible to receive short term disability payments. Should EI benefits end and your inability to work continues to be medically supported, short term disability benefits commence once documentation is presented showing that EI benefits have ended.
- If you do not qualify for EI, short term disability benefits may be payable during this period provided you submit supporting documentation of your ineligibility for EI benefits.
- Short term disability 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 – you are required to promptly apply for CPP/QPP benefits and advise BPA of the status of your application.



- During your disability from work, a BPA representative will work with you and your treatment providers to monitor your progress, ensure access to appropriate medical care, and coordinate plan benefits and services to promote your recovery until you are fit to return to work.



- In order to remain eligible for short term disability benefits, you must
  - remain disabled from working and performing the essential duties of your pre-disability job,
  - remain under the continued care of a licensed physician in Canada,
  - be compliant with all aspects of your treatment plan including attending all recommended assessments, investigations, and treatments recommended by your physician and/or your treatment providers,
  - communicate regularly with your BPA case manager and comply with any necessary requests required for the ongoing assessment and management of your claim, and
  - participate in modified return to work plans when available and suitable.
- You are required to notify us immediately if
  - there is any change in your medical condition or in your ability or availability to work,
  - you return to work in any capacity or receive employment income, or
  - you intend to travel outside Canada.



- Provided you remain disabled, short term disability benefits are payable until you
  - return to work,
  - are deemed fit to return to your pre-disability job,
  - begin receiving retirement benefits under an employer or union sponsored pension plan,
  - attain age 70, or
  - reach the maximum benefit duration of 104 weeks, inclusive of the EI period.



- If you return to work but sustain a subsequent disability, a new claim must be filed if you return to work for
  - two weeks before becoming disabled due to the same or related cause, or
  - one full day before becoming disabled due to a different and unrelated cause.



## IMPORTANT INFORMATION WHILE ON SHORT TERM DISABILITY

### When do I apply for long term disability?



- If you are under age 60, have worked a minimum of 4,000 hours for a contributing employer(s), and remain disabled beyond 104 weeks, you may be eligible for long term disability (LTD) benefits. BPA will provide you an application for LTD and assist you with the application process.
- In order to qualify for LTD benefits, you must be totally disabled and unable to work at any occupation or employment for which you are, or may reasonably become, qualified by education, training or experience.
- If eligible, LTD begins after you have completed the qualifying period, which is the 104 weeks of total disability or the duration of the short term disability benefit period, whichever is greater.

### How do I maintain benefit plan coverage while on disability?



- Should you become disabled and be unable to work, your Trustees have arranged for the Trust Fund to assist you by maintaining coverage for benefits for you and your eligible Dependents.
- All benefits may be continued by the Trust Fund, provided you are in receipt of weekly wage replacement – short term disability benefits; long term disability (LTD) benefits; Workplace Safety and Insurance Board (WSIB) disability benefit; Employment Insurance (EI) Sickness benefits; or salary continuance benefits from a motor vehicle accident (MVA) insurance.
  - proof of your disability will be required on a monthly basis - contact the Administrative Agent for details.
- The Trust will continue to maintain benefit coverage for up to a continuous period of 24 months, provided you are totally disabled from your “own occupation”, thereafter Disability Fund Assistance continues provided you are prevented from performing “any occupation.”
- To be considered disabled from “any occupation” you will be in receipt of CPP Disability Benefits or approved for a Waiver of Life Insurance premiums by the insurance carrier.
- In no event will Disability Fund Assistance continue beyond your attainment of age sixty-five (65).
- For more information, please refer to the [insulators95benefits.com](http://insulators95benefits.com) website, benefit plan booklet, or contact the Administrative Agent at **(905) 275-6466** or **1-800-867-5615**.

## DIRECT DEPOSIT OF SHORT TERM DISABILITY BENEFITS

### Already registered for BPA eClaims and Direct Deposit?

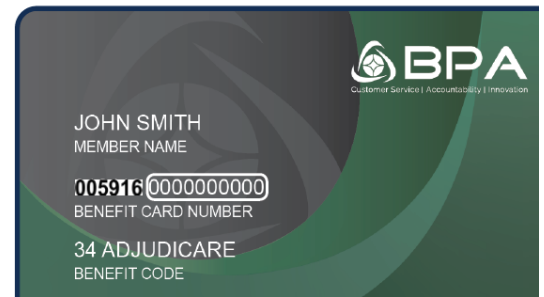


- If you have already registered for BPA eClaims and direct deposit, short term disability benefits will be automatically issued via direct deposit to the bank account you authorized via the Application for EFT Direct Deposit.
- To access your claim payment history and explanation of benefits, log into eClaims, click on *History* and look for *Weekly Indemnity*.
- To submit claim documentation via eClaims, look for *Supporting Documents* and upload the document.

### How do I Register for BPA eClaims?



- Download the **BPA eClaims app** from the *App Store* or *Google Play* and search for BPA eClaims.
- Look for the BPA app icon pictured above and click “GET” (iPhone) or “Install” (Android) and then follow the registration instructions.
- Make sure you have your **Benefit Card** handy as you will be asked to provide your *group number* (the first 6 digits of your benefit card) and *certificate number* (the remaining 10 digits).
- If you prefer to register online - go to [bpaclaims.ca](http://bpaclaims.ca) and follow the steps to register.



### How do I Register for Direct Deposit?

- Complete the Application for EFT Direct Deposit and return to BPA via



Email: [claims@bpagroup.com](mailto:claims@bpagroup.com)



Mail: **90 Burnhamthorpe Road West, Suite 300 | Mississauga, ON | L5B 3C3**



Fax: **(905) 275-6462**

### What if I don't register for direct deposit?

- You will receive weekly short term disability benefit payments via cheque until you become registered.



# Application for EFT (CAD) Direct Deposit

Submit to: Benefit Plan Administrators Ltd. | 90 Burnhamthorpe Rd West, Suite 300, Mississauga, ON. L5B 3C3 | Fax: (905) 275-6462 | Email: claims@bpagroup.com

## A. Member Information (Please Print)

First Name		Last Name	
Address		Date of Birth (mm/dd/yy)	
City	Province	Postal Code	
Union ID		Country	
Email Address		Telephone No.	
		Cell No.	

## B. Account Information

Account Holder Name(s):					
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Transit No:	Bank No:	Account No:
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New Authorization

Change to Existing Authorization

## C. Authorization

I/We Acknowledge that this agreement is provided for the Benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process credits into the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this agreement, I/We request my/our benefits to be paid through electronic funds transfer (direct deposit) into this account. This authorization may be cancelled at any time upon written notice by me/us. I/We warrant and guarantee that the Person(s) whose signature(s) is/are required to sign on the Account have signed the Agreement.

**Note: If only one signature is required for this account, then only one Payee is needed to sign. However, if two or more signatures are required, then both or all payees must sign.**

Payee Signature: \_\_\_\_\_ Payee (2) Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete in full, print, sign, and return by fax: (905) 275 - 6462 **or** by email at claims@bpagroup.com

# ATTACH VOID CHEQUE HERE



# Application for Short Term Disability Benefits

90 Burnhamthorpe Road West, Suite 300 | Mississauga, ON | L5B 3C3

Telephone: 1 (866) 315-6011 | Fax: (905) 234-2771

Email: healthmanagement@bpagroup.com

## 1. MEMBER STATEMENT

All three (3) sections of this application must be completed, signed, and submitted to Benefit Plan Administrators Limited (BPA) to initiate your claim for Short Term Disability Benefits offered through the **Insulators Local 95 Benefit Trust Fund**:

1. Member Statement
2. Employer Statement completed by your current employer
3. Attending Physician Statement completed by the physician 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 until completed. You are required to apply for Employment Insurance (EI) Sickness Benefits as Short Term Disability Benefits are not payable during the period payable by EI benefits.

### Member Information

Last Name	First Name	Union ID number
Address		Date of birth (mm/dd/yyyy)
Town/City	Province	Postal Code
Telephone number		
Email address	Alternate number	

### Absence Information

Job Title	Last day worked (mm/dd/yyyy)	First day absent from work due to medical condition
Return to work date	Expected return to work date	Is your condition due to an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes
Accident date	Is this due to a motor vehicle accident? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the accident or medical condition work-related? <input type="checkbox"/> No <input type="checkbox"/> Yes

Describe the nature of your medical condition and/or how the accident occurred (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	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Workplace Safety & Insurance Board (WSIB) Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Motor Vehicle Accident Insurance Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Canada Pension Plan (CPP) Disability Benefits	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Disability or Retirement Benefits from an Employer or Union Pension Plan	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

During your absence, 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 Benefit Plan Administrators Limited of my return to work in any capacity, my receipt of any employment income, my receipt of pension benefits, and/or any change in my status as it relates to my ability to work or entitlement to short term disability benefits. The **Insulators Local 95 Benefit Trust Fund** (Benefit Trust Fund) is administered by Benefit Plan Administrators Limited (BPA). I hereby authorize BPA, administrators of the Benefit Trust 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 short term disability benefits and access to other benefits and services provided by the Benefit Trust 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 short term disability benefits. I authorize BPA to share with TeksMed Services Inc., third party provider, information collected for the purpose of coordinating diagnostic testing and/or specialist consultations if placed on a medical wait list greater than 21 days, should I be eligible for this benefit. I authorize TeksMed Services Inc. to release the results of my diagnostic test(s) and/or specialist consultation(s) to BPA for the assessment and management of my claim for short term disability benefits. I also authorize BPA to share with my Long Term Disability Insurer any information and documentation collected to initiate my claim Long Term Disability benefits should I meet the eligibility requirements for this benefit. 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
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# Application for Short Term Disability Benefits

90 Burnhamthorpe Road West, Suite 300 | Mississauga, ON | L5B 3C3

Telephone: 1 (866) 315-6011 | Fax: (905) 234-2771

Email: healthmanagement@bpagroup.com

## 2. EMPLOYER STATEMENT

Benefit Plan Administrators Limited (BPA) is responsible for reviewing medical absences to assess eligibility to Short Term Disability benefits offered through the member's benefit plan and coordinating other plan benefits and services to assist members in their recoveries and return to work. Please complete the following information in full and return directly to the member or send to BPA via email at healthmanagement@bpagroup.com or via fax at (905) 234-2771. 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
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### Employment Information

Job Title	Date of hire (mm/dd/yyyy)	Gross weekly earnings
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Employee Classification (check all that apply)

Full Time   
  Part Time   
  Permanent   
  Seasonal   
  Temporary   
  Hourly   
  Salaried

Normal Work Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Number of hours normally worked per week:

Provide a description of the member's work duties at date of disability or attach a job description or physical demands assessment

Last day worked	First day absent from work	Actual or expected return to work Date
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Reason for work absence

Medical   
  Lay-Off   
  Dismissed   
  Quit   
  Leave   
  Unknown   
  Other

If laid-off, has the employee been recalled but unable to report to work?	If yes, provide date of recall
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Has the employee received pay after the last day worked?	If yes, provide final day paid
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are modified duties available?	Are modified hours available?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Declaration

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

Employer Contact Name	Title
Employer	Telephone
Employer Signature	Date





# Application for Short Term Disability Benefits

90 Burnhamthorpe Road West, Suite 300 | Mississauga, ON | L5B 3C3

Telephone: 1 (866) 315-6011 | Fax: (905) 234-2771

Email: healthmanagement@bpagroup.com

## 3. ATTENDING PHYSICIAN STATEMENT

Benefit Plan Administrators Limited (BPA) is responsible for reviewing medical absences to assess eligibility to short term disability benefits offered through the member's benefit plan and coordinating plan benefits and services to assist members in their recoveries and return to work. Please complete the following in full and return directly to the patient or send to BPA via email at healthmanagement@bpagroup.com or via fax at (905) 234-2771. Please attach any additional information regarding the nature or extent of the patient's condition or function. 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)
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### Medical Information

Date symptoms first appeared (mm/dd/yyyy)	Date of first visit after work absence	Date condition first prevented patient from working
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Is the condition a result of an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the accident or condition work-related? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is condition due to a motor vehicle accident? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Primary Diagnosis

Secondary Diagnosis and/or Complications

Functional Abilities - current physical and cognitive abilities

Hospitalization <input type="checkbox"/> No <input type="checkbox"/> Yes	Admission	Discharge
Surgery <input type="checkbox"/> No <input type="checkbox"/> Yes	Surgery Type	Date <input type="checkbox"/> General Anesthesia <input type="checkbox"/>
Specialist <input type="checkbox"/> No <input type="checkbox"/> Yes	Name/Type	Date <input type="checkbox"/> Pending <input type="checkbox"/>
Diagnostics <input type="checkbox"/> No <input type="checkbox"/> Yes	Type	Date <input type="checkbox"/> Pending <input type="checkbox"/>

**If currently on a wait list for specialist consult or diagnostic assessment attach requisition so we may coordinate service on an expedited basis**

Treatment Plan - therapies, tests/investigations, referrals, specialty programs

Medications - name, dosage, and frequency

Compliance  Yes  No, describe  Patient not competent to manage own affairs

Prognosis & Return to Work goals - If patient fit to return to work with modifications, provide recommendations for return (restrictions, days per week, hours per day)

Last assessment date	Next assessment date	Frequency of visits	Actual or estimated return to work date
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Please attach any additional information that would give us a better understanding of the patient's condition, treatment needs, and abilities

### Declaration

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

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