

GENERAL

3sHealth Long-term Disability Plan GENERAL

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PREVENTING INSURANCE FRAUD

Insurance fraud is a serious matter and 3sHealth has a responsibility on behalf of Plan Members to prevent fraud.

Fraud happens when someone knowingly lies or falsifies information to obtain a benefit to which they are not entitled. This includes but is not limited to:

- Intentionally providing false information to ensure the payment of a claim;
- Withholding information that would affect payment of a claim; or
- Submitting a fictitious claim.

Any incidents of fraud, suspicious activity, or other irregularities will be investigated. Cases of fraud will be reported to the participating employer, which could lead to disciplinary action. Police services may also be contacted.

Help protect your Benefit Plan!

- Examine your forms to make sure information is correct. You are responsible for the information you submit.
- Review this booklet and understand your benefits.
- Report suspicious situations by calling 3sHealth Employee Benefits toll-free at 1.866.278.2301 (Extension 1) or in Regina 306.347.5519.

OVERPAYMENTS

3sHealth has a responsibility to recover all overpayments. If you receive an overpayment of benefits under the Plan, you must repay both the amount of the net benefit paid to you and the income tax paid to the Canada Revenue Agency on your behalf. 3sHealth is unable to recover tax withheld on overpayments directly from the Canada Revenue Agency.

You will receive a tax receipt along with your T4A that can be claimed as a credit when filing your next tax return.

Although 3sHealth will work with you to develop a repayment schedule, an overpayment can cause you financial hardship. Avoid overpayments by providing 3sHealth with the following information as soon as possible:

- Any other income, or changes to other income, you receive while receiving benefits; or
- Any change in your work status.

INTRODUCTION

The General Disability Income Plan for eligible employees affiliated with the Health Sciences Association of Saskatchewan or Non-Unionized Employees was established in 1975. The Plan is self-insured, which means the benefits from the Plan are paid for by Plan Member and employer contributions.

This booklet is intended to provide Plan Members with information about their Disability Income Plan.

DEFINITIONS

The Plan	The Disability Income Plan for Member Organizations of Health Shared Services Saskatchewan (3sHealth) who's Plan Members are certified by Health Sciences Association of Saskatchewan (HSAS) or Non-Unionized Employees.
Date of Disability	The first date that the medical information supports that you are unable to perform the duties of your own occupation due to illness or injury. This date is determined by 3sHealth based on the information provided by you, your employer, and your physician a nurse practitioner.
Qualifying Period	The period of time you must be Totally Disabled to be eligible to receive long term disability benefits. The Qualifying Period for the General Disability Income Plan is 119 consecutive calendar days.
Member Organization (Employer)	An employer that is approved by the 3sHealth Board of Directors, pays the 3sHealth annual membership fee, and makes the required monthly Plan contributions.
Actively at Work	Means that you are at your normal place of employment and performing the normal functions of your own occupation.
Total Disability - Own Occupation	Due to an illness or injury, you are unable to perform the duties of your own occupation.
Total Disability - Any Occupation	Due to an illness or injury, you are unable to perform the duties of any occupation that is reasonably suitable for you based on your education, training, and experience.
Plan Member	A person who is an employee of a Member Organization and a member of HSAS or is a Non-Unionized Employee who has joined the Plan and who has not terminated membership in the Plan.
LTD	Long term disability
SGI	Saskatchewan Government Insurance
CPP	Canada Pension Plan

SHEPP	Saskatchewan Healthcare Employees' Pension Plan
WCB	Workers' Compensation Board of Saskatchewan

INFORMATION ABOUT THE PLAN

What is the Disability Income Plan?

If you are a Plan Member and become Totally Disabled, the Plan may provide you with disability benefits, upon the approval of 3sHealth.

After the initial 119 day Qualifying Period, the Plan may provide you with LTD benefits equal to 75 per cent of your pre-disability regular gross monthly earnings.

MEMBERSHIP IN THE PLAN

How do I join the Plan?

Employees of Member Organizations who are HSAS members or Non-Unionized Employees join the Plan as follows:

If you are	Membership is	Eligibility occurs	Ongoing requirements
A permanent full-time employee	Mandatory	On your date of hire	N/A
A permanent part-time employee	Mandatory	On your date of hire	N/A
A casual/relief employee who works at least 390 hours in the first 26 weeks of employment	Mandatory	If you work a minimum of 390 hours in your first 26 weeks of employment	You must continue to work at least 780 hours in each subsequent calendar year to continue your eligibility*
A relief employee who works at least 780 hours in your first complete calendar year of employment*	Mandatory	If you work a minimum of 780 hours in your first complete calendar year of employment	You must continue to work at least 780 hours in each subsequent calendar year to continue your eligibility*
A temporary employee	Not available	Not eligible	N/A
Age 65 or over	Not available	Not eligible	N/A

If you are	Membership is	Eligibility occurs	Ongoing requirements
Returning from retirement	Optional, based on eligibility above	Based on eligibility above, but you may choose to opt out at any time	Based on eligibility above

**Calendar year means January 1 to December 31. If you work less than 780 hours in any calendar year, your eligibility will end as of December 31 of that year.*

When does my coverage start?

If you are Actively at Work on the day you meet the eligibility requirements, your coverage will start that day. See 'How do I join the Plan?'

If you are not Actively at Work on the day you meet the eligibility requirements, your coverage will start the first day you actively return to work.

Example:

You have worked as a casual/relief employee, working less than 780 hours in the last calendar year, and have not been eligible for coverage in the Plan. You are not available to work from January 1 to March 31, 2020. On February 1, 2020 you accept a permanent full-time position starting April 1, 2020. Your coverage will begin on April 1, 2020 provided you are Actively at Work on that day.

Do I have to pay for my coverage in the Plan?

Disability income plan contributions are cost shared 46%/54% between you and your employer in accordance with the HSAS collective bargaining agreement. For Non-Unionized Employees disability income plan contributions are cost shared based on the terms of employment with your employer. The Employee Benefit Plans Board of Trustees set the contribution rate each year at the level needed to fund the Plan on a self-insured basis.

During	Contribution payment requirements
Regular employment	Once you are eligible, you will pay contributions through payroll deduction.
Leave of absence	During a leave of absence, you have the option to maintain your disability coverage for up to 18 months by paying both your share and your employer's share of the contributions. To do this, you must make arrangements with your employer before your leave starts. See 'What happens if I take a leave of absence?' for more information.
The period that your LTD claim is approved	You and your employer must continue to pay contributions at the regular rates during the 119 day Qualifying Period. If you remain disabled after the 119 day Qualifying Period and your disability claim is approved by 3sHealth, neither you nor your employer are required to pay contributions during the period of your approved LTD.

When does my coverage under the Plan end?

Your coverage under the Plan will automatically end on the **earliest** of:

- The date your active employment with a 3sHealth Member Organization ends (even if you receive salary continuance or a lump sum as severance after your last day of work).
- The date your employment status changes so that you no longer meet the eligibility requirements of the Plan.
- The date you are laid off from employment.
- The date you or your employer fail to pay the required contributions.
- The date you start an approved leave of absence if you do not elect to continue coverage and arrange to pay the required contributions.
- The date you enter the armed forces on a full-time basis.
- The date of your 65th birthday.
- The date of your death.
- The date the Plan is terminated.

What happens if my employment changes from one Member Organization to another Member Organization?

If you are a Plan Member with one Member Organization, and then move to another Member Organization, your coverage is determined based on your eligibility with your new employer.

What happens if I return to work after retiring from my job?

If you return to work with a Member Organization after you retire, your eligibility to rejoin the Plan is the same as any new employee joining the Plan. If you have returned to work after retirement, contact 3sHealth to understand your coverage because:

- If you are age 65 and older, you are not eligible for coverage under the Plan.
- If you are receiving any pension income, your disability benefits will be **offset by your other income**.

Rejoining the Plan after retirement is optional. Even if you are eligible to join, you may opt out by completing the “Opting Out of 3sHealth Disability Income Plan Benefits Form”. Upon request, your employer will provide you with the form.

- If you choose to opt out, and then later decide you want to join the Plan, you must apply to 3sHealth for coverage and meet the current eligibility requirements. Once you meet the eligibility requirements, you must provide medical evidence of insurability.
- If you opt to join the Plan, you may opt out at any time by completing the “Opting Out of 3sHealth Disability Income Plan Benefits Form”.

INTERRUPTIONS TO EMPLOYMENT

What happens if I have an interruption in my employment?

You must be **Actively at Work** to be covered by the Plan.

Your coverage in the Plan continues if you are not Actively at Work due to paid sick leave, compensable work injury, vacation, or a leave of absence less than 30 calendar days.

What happens if I am suspended from my job?

If you are suspended without pay for 30 days or less, your coverage in the Plan will continue during your suspension.

If you are suspended without pay for more than 30 days, you have the option to continue your coverage in the Plan for a period of up to 12 months by paying both your share and your employer’s share of the contributions within 31 days of the start of the suspension.

Failure to pay the required contributions by the deadline will end your coverage retroactively to the date your suspension started.

LEAVE OF ABSENCE

What happens if I take a leave of absence?

If you take a leave of absence of more than 30 days and want to continue your coverage, you must contact your employer to complete a “Leave of Absence – Disability and Optional Group Life Continuation Form”. You must also make arrangements to pay the contributions **before the leave starts. The maximum period your coverage will continue under a leave of absence is 18 months.**

If you do not continue your coverage during a leave greater than 30 days, your coverage under the Plan will end as of the last day of your active employment. Your coverage will start again on the first day you actively return to work.

If you do continue your coverage and become disabled during the leave, the 119 day Qualifying Period will start on the return to work date you specified on the “Leave of Absence – Disability and Optional Group Life Continuation Form”.

If your approved leave is	Your disability coverage is	Forms required by 3sHealth	Requirements
30 days or less	Automatic	None	Continue to pay the required contributions during the leave
31 days to 18 months	Optional – but no coverage if you do not complete the form and pay full contributions	A “Leave of Absence – Disability and Optional Group Life Continuation Form” and file it with your employer before the leave starts	Arrange to pay both the employee and employer share of contributions with your employer before the leave starts

If your approved leave is	Your disability coverage is	Forms required by 3sHealth	Requirements
Over 18 months	Terminated	None	Return to work to become eligible for disability coverage

LIMITATIONS TO BENEFITS

What limits my ability to receive disability benefits?

No benefits are payable from the Plan for a disability if:

- The medical information submitted does not demonstrate that you are Totally Disabled under the terms of the Plan.
- You are not under continuing medical supervision and treatment satisfactory to 3sHealth.
- Your disability is due to an insurrection, war, service in the armed forces of any country, or participation in a riot.
- You became disabled while you were committing an indictable offense under the Criminal Code and you were convicted and incarcerated.
- Your disability is experienced during the first year of Plan membership and it relates to an injury or illness that you received medical attention for during the six month period before you joined the Plan.
- You have established a permanent residence outside of Canada as set out in Section 250(1) of *The Income Tax Act (Canada)*.

FORMS

You can find information about the disability income plans, including forms, on the 3sHealth website at <http://www.3shealth.ca/our-work/employee-benefits-program>

APPLYING FOR DISABILITY BENEFITS

QUALIFYING FOR BENEFITS

How do I qualify for benefits?

To qualify for benefits, you must be Totally Disabled as defined by the Plan.

Time since your Date of Disability	'Total Disability' means
The first two years and 119 days	You are unable to perform the duties of your own occupation due to an illness or injury.
After the first two years and 119 days	Due to an illness or injury, you are unable to perform the duties of any occupation that is reasonably suitable for you based on your education, training, and experience.

What do I do if I become Totally Disabled?

Tell your employer as soon as possible. Complete the initial application forms shown below. The forms can be found online at <http://www.3shealth.ca/our-work/applying-for-disability-benefits>.

Forms required	Completed by	Attachments required
Employee's Initial Application Disability Income Plan Benefits	You	A void cheque or an encoded bank deposit slip
Employer's Initial Application Disability Income Plan Benefits	Your employer's payroll/benefits department	None
Attending Physician's Initial Statement Disability Income Plan Benefits	Your Physician or a Nurse Practitioner*	Copies of all reports, test results, specialist referrals, and date(s) of known appointment(s).

**The Plan allows the Attending Physician's Statement to be completed by chiropractors, and registered psychologists for a period of up to eight weeks from the Date of Disability. If your Total Disability lasts longer than eight weeks, a licensed Physician or a Nurse Practitioner must complete any further medical disability forms.*

You or your medical professional may submit your forms by mail, scan and email ebp@3shealth.ca or fax directly to 3sHealth at 306.347.5910.

PROVIDING MEDICAL INFORMATION

What kind of medical information do I have to provide?

A Physician's note is not enough medical information to support a disability claim.

The medical information you provide for your disability claim must clearly support that you are Totally Disabled as required by the Plan. The medical information should include forms completed by your Physician or a Nurse Practitioner as well as any reports, test results and specialist referrals. The form your Physician or a Nurse Practitioner completes must include information about:

- Your symptoms including frequency and severity;
- How your condition restricts or limits your ability to do your job;
- Your treatment plan; and
- Your prognosis – how long you are likely to be affected by your illness or injury.

The medical information must also support that you are under appropriate medical supervision and treatment for your medical condition from the beginning of your absence from work. This may include specialist referrals, testing and treatments your Physician or a Nurse Practitioner recommends for your condition.

You are required to provide this information with your initial application for disability benefits.

Who pays for the medical information?

Physicians and other health-care providers may charge a fee to provide medical information. You are responsible for the cost of providing medical information for your initial application for disability benefits. After your disability claim is approved, if additional medical information is required to support your ongoing claim, 3sHealth will request the information and pay a reasonable fee to your treatment provider.

PRIVACY OF MEDICAL INFORMATION

Who will see my personal medical information?

3sHealth is committed to protecting your privacy. The only people who see your information are:

- 3sHealth Employee Benefits staff; and
- Third parties specifically authorized by 3sHealth or by law.

3sHealth uses reasonable and appropriate standards to protect Plan Member personal information. The information you provide to 3sHealth is used only as necessary to administer your claim.

For more information on privacy, see the 3sHealth Privacy Policy at www.3sHealth.ca.

Do you share my personal medical information with my employer?

The only information 3sHealth will share with your employer is medical restriction information to support your return to work.

Example:

Your employer may be advised that you are unable to lift anything weighing over 10 kg. Your employer can use this information to provide duties within your restrictions when you return to work. 3sHealth will not provide details about your diagnosis or treatment.

APPLYING FOR OTHER BENEFITS WHILE ON A DISABILITY CLAIM

Do I have to apply for WCB, SGI or other benefits?

The Plan requires you to apply for other benefits that you may be eligible for. ***You must apply for these benefits if requested by 3sHealth. 3sHealth reserves the right to reduce the benefits payable under the Plan by the estimated amount you may be eligible for from another source.***

You must provide copies of all correspondence you receive from WCB and SGI along with your application to 3sHealth.

Benefit	You must apply for this benefit if
SGI income replacement	Your disability is the direct result of a motor vehicle accident
Workers' Compensation	Your disability is the result of a workplace incident

Benefit	You must apply for this benefit if
Other disability benefits	You have disability coverage through another policy, such as an association or alumni plan
Canada Pension Plan Disability Benefits*	Your disability qualifies you to receive CPP Disability Benefits

**CPP Disability Benefits are available for severe and prolonged disabilities. Your 3sHealth adjudicator may advise you to apply for CPP disability benefits at any time after your LTD claim is approved. However, you may choose to apply for CPP disability benefits at any time during your LTD claim. If you apply for CPP disability benefits, you must advise 3sHealth and provide a copy of your CPP approval or denial letter. 3sHealth may require you to appeal a denial of your CPP disability application.*

What if my illness or injury is caused by negligence of a third party?

If your disability was caused by the negligence or wrongful act of another person or a business, you must notify 3sHealth.

You must pursue legal action to recover the total benefits paid to you under the Plan from the party at fault and return this amount to the Plan. 3sHealth will notify you of the amount owing and the process to recover the amount. If you require assistance, contact 3sHealth Employee Benefits by email ebp@3sHealth.ca or by telephone toll-free at 1.866.278.2301(Extension 1) or in Regina 306.347.5519.

WHEN TO SUBMIT AN APPLICATION FOR DISABILITY BENEFITS

When should I submit my application for disability benefits?

You should apply for LTD benefits before the end of the 119 day Qualifying Period but **no later than** six months after the start of your disability.

You must submit your application for disability benefits by the application deadline or your claim will be denied.

How do I ensure my application is complete before I submit it to 3sHealth?

Before submitting your forms to 3sHealth, ensure:

- All information on the forms is complete;
- All relevant information is included; and
- All forms are signed and dated.

Once all forms and any attachments are received by 3sHealth, your application will be assigned to an adjudicator for review. Incomplete forms, insufficient medical, or, missing information may delay 3sHealth's decision.

Your adjudicator will call you to discuss the circumstances of your claim. If additional information is required to help 3sHealth make a decision, your adjudicator will let you know what you need to provide.

3sHealth's service standard is to provide you with a response to your application within eight business days after receiving your complete application and supporting documentation.

Who can I contact about the status of my application?

3sHealth Employee Benefits will contact you throughout the disability application process.

You can contact 3sHealth Employee Benefits by email ebp@3sHealth.ca or by telephone toll-free at 1.866.278.2301(Extension 1) or in Regina 306.347.5519.

APPROVED CLAIMS

What happens if my claim is approved?

Your adjudicator will contact you when a decision about your claim is made. If your claim for LTD benefits is approved, you will receive a letter explaining the benefit amount payable to you.

What is my Date of Disability?

Your Date of Disability is the first date that medical information supports that you were unable to perform the duties of your own occupation. 3sHealth will determine your Date of Disability by reviewing all of the information provided by you, your employer and your Physician or a Nurse Practitioner.

The Date of Disability is the start of the 119 day Qualifying Period.

What happens if my Total Disability extends beyond two years and 119 days?

To be eligible for disability benefits, for the first two years and 119 days after your Date of Disability, you must be unable to perform the duties of your own occupation due to an illness or injury. This is the 'own occupation' period of disability.

After two years and 119 days, to remain eligible for LTD benefits you must be unable to perform the duties of any occupation due to an illness or injury. This is the 'any occupation' period of disability.

Once you receive LTD benefits for 12 months, and if you are unable to return to your regular duties, your adjudicator will begin to review your disability claim for benefits beyond the own occupation period. Your adjudicator will guide you through the review process. 3sHealth may require additional medical information to complete the review.

If you meet the definition of Total Disability for the own occupation period, vocational rehabilitation services such as career exploration and counselling, vocational testing, resume production, and job search skills training may be available to you.

How does returning to work affect my Qualifying Period?

If you are able to return to work and then become Totally Disabled again, the Qualifying Period for benefits is determined as follows:

If you return to work	Then become disabled	Within	The Qualifying Period
Within the first 119 days from your Date of Disability	From the same or a directly related disability	14 calendar days of returning to work	Will resume as if there was no interruption. The Qualifying Period starts over if your return to work is 15 days or more.
Within the first 119 days from your Date of Disability	From a different disability	Any time	Starts over from your new Date of Disability.
After your LTD claim is approved	From the same or a directly related disability	Six months of returning to work	Is not required. Your previous claim may continue at the same level as long as you are Totally Disabled as required by the Plan. The Qualifying Period starts over if your return to work is longer than six months.*
After receiving LTD benefits from the Plan	From a different disability	Any time	Starts over again from your new Date of Disability

**You must submit a new application for benefits at the start of your recurrent disability. If you are working for a period of six months or more after your disability, then your application will be considered a new claim.*

DISABILITY PAYMENTS ON AN APPROVED CLAIM

If my claim is approved, when will I receive my disability payments?

Your LTD benefit will be paid after the end of your 119 calendar day Qualifying Period. Benefits are paid monthly on the last business Friday of each month.

If my claim is approved, how much will I receive?

Your benefits are based on a percentage of your regular rate of pay in effect immediately prior to your Date of Disability. The calculations are based on:

Regular Rate of Earnings = Your regular rate of earnings, *excluding overtime, weekend pay, premium pay, shift differential, call-back and standby pay, and any lump sum payments.*

Regular Paid Hours = Your regular hours worked each week, including hours paid while you are not at work such as vacation, sick leave, statutory holidays, and other paid leaves, **but excluding overtime.**

Your LTD benefit amount is based on 75 per cent of your Regular Monthly Earnings.

Regular Monthly Earnings = Your Regular Weekly Earnings X 52 weeks divided by 12 months

LTD benefits are reduced by income tax and any other income that you are receiving related to your disability or employment, such as SGI or WCB benefits or other disability or retirement income.

Can I earn other income while receiving disability benefits?

You must advise 3sHealth if you become employed or self-employed while receiving disability benefits. Any alternate employment must be approved by 3sHealth.

You can earn income while receiving disability benefits, however, you must report any income you receive from employment or self-employment. Your disability benefits will be reduced by earnings you receive from employment or self-employment.

If you return to work on a Rehabilitative Employment arrangement approved by 3sHealth, your disability benefits will be adjusted. See 'Rehabilitative Employment Program'.

What other benefits reduce my disability benefits?

- Benefits payable under the Canada Pension Plan (CPP) or the Quebec Pension Plan (QPP). *This does not include dependent or survivor benefits. Also, Plan benefits will not be reduced by increases in CPP/QPP disability benefits unless the increase is due to an error in the original determination of the benefits.*
- Employment earnings excluding lump sum payments (vacation, time-in-lieu, and statutory holiday pay) earned by the plan member before the date of disability.
- Group insurance disability benefits. *This does not include benefits payable under a group life insurance plan.*
- Retirement or disability benefits provided by 3sHealth.
- Participating employer or government agency benefits. *This does not include Employment Insurance benefits payable from the Government of Canada.*
- Retirement or pension benefits payable from any other source if the benefits are payable as a result of the disability.
- Benefits or compensation for salary or wage loss payable in relation to the disability. *In the case of insurance benefits payable, statutory or otherwise, Plan benefits will be reduced by the amount by which the total insurance benefits and Plan benefits exceeds 100% of your regular wage or salary.*

- Benefits or compensation for salary or wage loss payable in relation to the disability under *The Automobile Accident Insurance Act*, or any other provincial automobile insurance plan.
- Benefits or compensation payable in relation to the disability by the Workers' Compensation Board.

Are benefits pro-rated for partial months?

If you qualify for LTD benefits part way through the month, your benefit will be pro-rated for the number of days in the month that you are eligible to receive benefits. If your LTD benefits terminate part way through the month, you will receive a pro-rated amount for that month.

Examples for calculating a pro-rated LTD benefit:

Example 1: Your claim for LTD benefits is approved effective January 10. Your first payment will be based on 22/31 of the monthly amount. (22 is the number of calendar days in the month of January you are eligible to be paid LTD benefits, based on your approved date of January 10.)

Example 2: Your LTD benefits terminate on January 20. You will receive 20/31 of your monthly benefit for the month of January. (20 is the number of calendar days in the month of January you are eligible to be paid LTD benefits, based on a LTD termination date of January 20.)

Are my disability benefit payments taxable?

Yes. Your disability benefit payments are taxable income in the year you receive them. Income tax will be withheld by 3sHealth and submitted to the Canada Revenue Agency on your behalf.

In February of each year, 3sHealth will send you a T4A showing the amount of disability benefits you received during the previous year and the amount of tax withheld on your behalf. You must include the T4A when filing your income tax return.

If you receive disability benefits under the Plan, the Canada Revenue Agency allows you to claim a one-time tax deduction for the total amount of contributions you paid to the Plan before your disability. Please contact 3sHealth Employee Benefits by email ebp@3shealth.ca or by telephone toll-free at 1.866.278.2301 (Extension 1) or in Regina 306.347.5519 to receive a statement showing the contributions you paid.

What happens if there is a general pay increase at my workplace while I'm receiving disability benefits?

If the pay increase is effective after your Date of Disability, your disability benefits will not be adjusted.

If the pay increase is retroactive to a date before your Date of Disability, upon confirmation by your employer, your benefits will be adjusted to include any general pay increase that you may be entitled to receive.

BENEFITS WHILE ON AN APPROVED DISABILITY CLAIM

What happens with my Group Life Insurance, Disability Income, and Extended Health Care and Dental benefits while I'm receiving LTD benefits?

Your coverage under the Group Life Insurance Plan and the Disability Income Plan will continue for the full period you are on an approved LTD claim at no cost to you. Coverage under your Extended Health Care and Dental Plans is continued at no cost to you but is limited to the first two years and 119 days of an approved disability claim. When you reach two years and 119 days, 3sHealth Employee Benefits will provide you with information to apply for health and dental benefits under the GMS Retiree Health and Dental Plan at your own cost.

I'm a member of a pension plan. What happens with my pension plan while I'm receiving disability benefits?

If you are a member of the SHEPP pension plan, you are not required to make pension contributions while you are receiving LTD benefits. You will continue to accrue credited service toward your pension.

If you are a member of a pension plan other than SHEPP, please contact your Benefits and Payroll department with your employer to see how your pension contributions are affected by your disability claim.

Will the Disability Plan fund my medical treatment?

The General Disability Income Plan is a wage-loss replacement plan. This means it is intended to replace a portion of your earnings if you are unable to work due to injury or illness. Your Extended Health Care Plan provides coverage for medical costs such as physiotherapy, chiropractic treatment, and psychology.

3sHealth may cover additional costs for medical treatment and assessments if you are on an approved disability claim and you have reached your benefit maximum under your Extended Health Care Plan. Contact your adjudicator to determine if additional funding is available to support your recovery.

PROVIDING MEDICAL INFORMATION ON AN APPROVED DISABILITY CLAIM

Do I have to provide medical information after my claim is approved, even if my disability is long term or permanent?

Yes. Medical information is required throughout your disability claim. Your adjudicator will call you from time to time to gather updated information and then determine if more medical information is needed. Additional medical information may include test results and reports from specialists such as orthopedics, neurology, psychiatry, internal medicine, etc.

Your adjudicator will request the additional medical information directly from your Physician or other health-care providers. 3sHealth will pay a reasonable fee to your Physician or a Nurse Practitioner to provide the information requested.

3sHealth may request that you undergo an independent medical examination, a functional capacity examination, or other medical or psychological examination as necessary. The Plan requires that you attend these examinations when requested.

TERMINATION OF DISABILITY BENEFIT PAYMENTS

When will my disability benefit payments stop?

Your disability benefit payments will automatically end on the **earliest** of:

- The date you are no longer totally disabled as required by the Plan.
- The day prior to your 65th birthday.
- The date you start working for wages or profit.
- The date you do not participate in a Rehabilitative Employment program considered appropriate under the Plan.
- The date you do not provide medical evidence of your continuing disability.
- The date you do not submit to an examination requested by 3sHealth.
- The date you are no longer under continuing medical supervision and treatment considered satisfactory to the Plan.
- The date you establish permanent residence outside of Canada, according to section 250(1) of *The Income Tax Act (Canada)*.
- The date of your death.

RETURNING TO WORK

Depending upon the nature of your Total Disability, you may be able to return to work full-time with no accommodations.

If the medical evidence supports that you require accommodations when you return to work, 3sHealth, along with your employer and treatment providers, will work together to customize a suitable return to work program based on your abilities.

If you were on an approved disability claim and you choose to access paid vacation time immediately before your scheduled return to work date, your benefits, including disability coverage, will be reinstated on your first day of paid vacation. You must have a scheduled return to work date with your employer. There cannot be an additional period of unpaid leave of absence between the end of your disability claim, your paid vacation time, and your actual return to work date for your benefit coverage to be reinstated.

REHABILITATIVE EMPLOYMENT PROGRAM

What is a Rehabilitative Employment Program?

A Rehabilitative Employment Program provides support if you need to return to work on a part-time or gradual basis while on an approved disability claim. The Rehabilitative Employment Program may also include lighter duties than you were performing prior to your disability, until you are able to resume your regular duties.

The Rehabilitative Employment Program must be approved by 3sHealth.

How does income I earn on a Rehabilitative Employment Program affect my disability benefit?

You may receive earnings from your employer for the hours you work while on a Rehabilitative Employment Program. Your disability benefits will be adjusted by the amount of your rehabilitative earnings.

Example: Here is an example of how LTD benefits are adjusted for rehabilitative earnings:

Pre-disability monthly earnings: \$3,000
 LTD disability benefit: \$2,250 (\$3,000 x 75%)
 Rehabilitative monthly earnings: \$1,000

Rehabilitative earnings*	Adjusted disability benefit**	Total
\$1,000	\$1,500 (\$3,000 - \$1,000 x 75%)	\$2,500 (\$1,000 + \$1,500)

*This is the amount of monthly gross earnings from your employer.

**This is the gross monthly benefit, which is subject to income tax and any benefit reductions.

The Plan allows for Rehabilitative Employment during the two year and 119 day own occupation period of your disability claim subject to approval by 3sHealth.

The Plan also allows for approval of a Rehabilitative Employment Program in the any occupation period of your claim. The program cannot extend beyond 12 months after the end of the own occupation period. An extension must be supported by medical evidence and approved by 3sHealth.

STARTING THE RETURN TO WORK PROCESS

What should I do if I am ready to return to work?

- Ask your Physician and/or treatment provider to identify any restrictions or limitations you may have.
- Work with your employer to identify a suitable start date and job duties.
- Notify 3sHealth of your return to work date immediately to prevent an overpayment of disability benefits. If you receive an overpayment, you will be required to repay the full amount. See 'Overpayments'.

What other assistance is provided if I am unable to return to my former job?

3sHealth understands that you may require additional support if you are unable to return to your regular duties. A vocational rehabilitation consultant can provide the additional assistance you may need. Vocational rehabilitation services include:

- Career exploration and counseling;
- Vocational testing;
- Resume production; and
- Job search skills assistance.

You are required to participate in rehabilitation services when requested by 3sHealth. If 3sHealth requests that you meet with a vocational rehabilitation consultant, you have the right:

- To have an advocate, such as a union representative, accompany you to the meeting; and
- To meet at a location of your choice.

If you have questions or concerns about vocational rehabilitation, please call your 3sHealth adjudicator at 1.866.278.2301(Extension 1) or in Regina 306.347.5519.

APPEALS

What can I do if I do not agree with the decision to deny my claim or terminate my benefit?

If your application for disability benefits is not approved, or your benefit is terminated, you will receive a written explanation for the decision. If you disagree with the decision made by your adjudicator, first ensure that 3sHealth received complete and accurate information. Then, you may request a review if:

- You believe information was missing from your application; or
- You believe the terms of the Plan have not been correctly applied to your claim.

Reason for denial or termination	Reason for your request for appeal	Actions you can take
The medical information does not support Total Disability	If you think 3sHealth’s assessment of your medical condition is incomplete or inaccurate	Have your Physician or a Nurse Practitioner submit any additional information that was not previously submitted including medical investigations, treatments, and clinical observations.
Dates and other details from your employer that do not match your records	If you think 3sHealth’s assessment of this information is incomplete or inaccurate	Ask your employer to review the information they previously submitted and to provide any corrections or clarification to 3sHealth in writing.

In accordance with the collective bargaining agreement, there are three levels of review available.

Level of review	Performed by	Review considers
First Level	Two 3sHealth Adjudicators and a 3sHealth Claims Services Specialist with a medical consultant available	Medical information and administrative terms such as late application or eligibility for plan membership
Second Level	3sHealth Claims Services Manager with a medical consultant available	Medical evidence and administrative terms such as late application or eligibility for plan membership

Final Adjudication	External Adjudicator	Medical information only
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Can I appoint someone else to represent me?

Yes. You have the option to appoint another person to represent you in your appeal. You may appoint a union representative, a lawyer, or any other person you choose to assist you with phone calls, letter writing or other parts of the assessment process.

If you appoint another person to represent you then you must notify 3sHealth in writing.

REQUESTING A REVIEW OF A DENIED CLAIM

How do I request a review?

For all three levels of appeal, your request for review must be:

- In writing; and
- Made within the later of 60 days of:
 - The date of the written decision to terminate your benefit or deny your application; or
 - The date your benefit terminates.

Your request for review must include:

- The reason you are requesting a review;
- Any new or additional information that you can submit with your request; or
- A description of the new or additional information you intend to send in later, along with a specific timeframe that 3sHealth can expect to receive it.

Please send your written request for review to:

Claims Services Manager, 3sHealth Employee Benefits
700-2002 Victoria Avenue
Regina, SK S4P 0R7

Or email ebp@3shealth.ca or fax to 306.347.5910

What if I disagree with 3sHealth’s decision after my second level appeal?

If you disagree with 3sHealth’s decision, you may request a review of your claim by an adjudicator who is independent of 3sHealth.

This process is referred to as “the final adjudication of a disability appeal”.

In final adjudication:

- The independent adjudicator is a Physician approved by an independent committee.
- The independent adjudicator will review all the documents on your disability claim file.
- The review will be conducted outside of 3sHealth and union offices.
- The review will be conducted on decisions that relate to medical matters.

Final adjudication is not available for decisions relating to the administrative terms of the Plan such as late application or eligibility for plan membership.

The notification you receive from 3sHealth about your second level appeal will include information about final adjudication including a copy of the form you must complete to request a final adjudication.

To be considered, your request must be:

- In writing using the form provided by 3sHealth; and
- Received by 3sHealth within 60 days of 3sHealth's notification to you of the results of your second level appeal.

If you make a request for a final adjudication, you may submit any written documentation or material supporting your claim along with your submission.

3sHealth will:

- Send you an acknowledgement of your request by mail;
- Send your entire claim file to the independent adjudicator within five working days of receiving your request;
- Ask the independent adjudicator to make a decision and communicate that decision to you within 30 days; and
- Abide by the decision of the independent adjudicator as soon as it is received.

CONTACT US

[3sHealth Employee Benefits is here to help you.](#)

[Our office hours are 8:00am to 4:30pm Monday to Friday \(closed on statutory holidays\)](#)

[If you have questions about your application for disability benefits or your disability claim, please call a Benefit Services Officer at 1.866.278.2301 \(Extension 1\) or in Regina 306.347.5519 or email \[ebp@3shealth.ca\]\(mailto:ebp@3shealth.ca\).](#)

