



DISABILITY BENEFITS PLAN: THE DISABILITY CLAIM PROCESS

This brochure provides claimants and their family members with information on how disability claims are managed and what is expected of claimants during the process.

A personal section has been set aside at the back of the brochure for claimants to list questions that they may have and will want to ask their case manager or care provider when they next meet.

NOTIFICATION

Employers, or the members themselves, should notify the Plan of any Plan member who is absent on sick leave for more than ten consecutive workdays. A case manager or other Plan employee will then contact the member to provide information, review options and discuss whether a claim application should be initiated.

APPLICATION

Employee application forms collect information about medical and vocational history and contain authorizations to enable the Plan to gather medical information

to substantiate a claim. When you submit an application, provide copies of any recent medical certificates or reports you already have.

Employer information forms—Employers will be asked to provide specific information on salary and benefit levels.

CONFIDENTIALITY

The Plan has strict confidentiality and security measures in place. The only information shared with the employer is whether and when you qualify for disability benefits and details of return to work plans.

MEDICAL REPORTS

The Plan directly requests any required medical reports and pays the practitioner a standard fee amount. Some practitioners may request their patient pay an additional amount for reports.

INDEPENDENT MEDICAL EXAMINATIONS

An examination by an independent specialist is sometimes required. Your case manager will discuss this with you in advance.

WAITING PERIOD

There is a waiting period before income replacement benefits begin of 80 working days or the end of sick leave, whichever is later. If you have insufficient sick leave to carry through the waiting period, your case manager will assist you to explore other options.

ADJUDICATION

Your case manager will gather all pertinent personal, vocational and medical information to facilitate a timely decision on whether or not income replacement benefits are warranted. Where a member feels unable to return to work and a case manager does not have sufficient grounds to justify payment of income replacement, the circumstances are presented to a committee of teachers (Case Management Committee) for decision.

INCOME REPLACEMENT BENEFITS

Income replacement benefits are not taxable and are paid based on a percentage of your monthly net income. You will be provided with details of how your benefit was calculated at the time of acceptance. Payments are made monthly by direct deposit on the last banking day of each month. Explanation of benefits statements are mailed to you each month.

EMPLOYMENT RELATIONSHIP

Generally, even though you may exhaust sick leave benefits, you remain an employee of your division with the right to return to work when you are well. You have an obligation to advise your employer periodically of your status and to make direct arrangements with your payroll office regarding continuation of other employee benefits.

It is important not to let your group benefits lapse as future access may be limited or denied.



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You may also be eligible for disability waiver of premiums on group life insurance coverage. Waiver application forms are available through your payroll office, if required.

If there are employment issues surrounding your absence (e.g., work conflict, grievance issues), they can be discussed in confidence with your case manager and/or MTS staff officer/union representative.

MEDICAL REHABILITATION

Your case manager will coordinate with your caregivers to assist with access to adequate and appropriate health care services. Sometimes other rehabilitation professionals are engaged to assist individuals with improving their level of functioning.

RETURN TO WORK/ VOCATIONAL REHABILITATION

When your care team decides that you are ready to work towards a resumption of work activities, your case manager will help you develop a return to work plan and help you and your employer develop a re-entry plan. Each plan is customized to individual circumstances and may include volunteer activity in or outside the workplace, employer accommodation details and part-time or gradual re-entry plans.

Earnings from a part-time return to work are an offset to the income replacement benefits.

DURATION

There is no minimum duration for a claim under this plan. During the initial 24-month period of disability, continuation of benefits will be based on your ability or inability to sustain regular employment in your current job. Continuation beyond 24-months is based on whether you are able to sustain any type of gainful employment in any job that meets specific minimum requirements. There are regular review requirements for all claims.

MY QUESTIONS

Use this section to list any questions that you have for your case manager or care provider. This is your section—you need not show it to your case manager unless you want to. It is intended to help you organize and keep track of your questions.

WHERE CAN I GET FURTHER INFORMATION?

Visit the MTS web site at www.mbteach.org and follow the links for Benefits and Disability Plans or visit the disability web site directly at . See the electronic version of this brochure. Use the e-mail links at the site to contact staff for further specific details or phone 957-5330 or toll free 1-866-504-9373.

DISCLAIMER

This brochure is informational only and creates no legal rights or obligations on the part of either you or the Plan. The enforceable legal rights and obligations between you and the Plan are outlined in the Plan Document. As revisions to the Plan Document and Society Policy related there to are completed, they will be updated on the noted Plan website.

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THE DISABILITY CLAIM PROCESS