

File a disability claim through our secure online claim submission process or by fax to your assigned Disability Management Services Office within the time frame stated in your plan provisions.

Your local Canada Life service representative is always available to help if you have any questions.

EMPLOYEE IDENTIFICATION

We need basic details about your employee to contact them.

The employee's Social Insurance Number is needed if the Plan Sponsor pays the premium for disability coverage(s). The employee's Social Insurance Number is not needed if the employee pays the premium for disability coverage(s).

EMPLOYMENT INFORMATION

We need confirmation of your employee's:

- employment history
- current employment status
- salary information including pay cycle (not required if the employer pays sick leave or salary continuance benefits)
- working arrangements

COVERAGE INFORMATION

We need details about your employee's disability coverage under your group plan. If your plan includes an eligibility waiting period, employees must satisfy that waiting period before coverage takes effect. To help us understand the coverage effective date that applies for the employee, we appreciate if you can confirm:

- The date the employee signed their enrollment form requesting to be added to the plan with group coverage,
- The employee's coverage effective date. The date the employee was added to the plan with group coverage.

EMPLOYEE TAX INFORMATION

We need your employee's tax information to:

- calculate take-home pay for a non-taxable benefit, or to
- deduct the correct tax deductions for a taxable benefit

The TD-1 personal tax credit or the Quebec TP-1015.3 source deductions will be the same tax credit amounts you use for payroll purposes.

Your group plan is an Administrative Services Only (ASO) plan if the plan number begins with a five (e.g. 51234) **and** Canada Life issues disability payments on your behalf. If your group plan is ASO it is a requirement of Canada Revenue Agency to make contributions to Canada/Quebec Pension Plan, Employment Insurance or Quebec Parental Insurance with disability payments. If you have authorized Canada Life to make these contributions on your behalf, we will need to know the year-to-date amounts.

ABSENCE INFORMATION

We need information about the employee's current absence from work.

There is space provided in this section if you have any concern(s) about the absence. Your information will help Canada Life address those concerns.

DECLARATION

Your declaration is required once you have completed this section of the form.

Provide your confidential fax number so we can send private claim information to this number if necessary.

If submitting form by fax or email, the Authorized Signature field must be signed.

If submitting form online, online certification will be applied.

JOB INFORMATION

We need information about your employee's physical and cognitive job demands. This information should be completed by the employee's supervisor.

The supervisor does not have to complete part 2 of the job information if:

- your employee has returned to work;
- your employee will be back to work within four weeks;
- you have a prepared job description outlining the physical and/or cognitive job demands. You can attach the prepared job description with the employer statement or send it separately.

Add the contact information for the person we can call with any questions we may have about the employee's job duties.

This declaration is signed by the person who completes the job information

NEXT STEPS

The Disability Management Services Office (DMSO) will review the information usually within two weeks or sooner. The DMSO will let you and the employee know if the claim is approved or if more information is needed to make a proper decision.

Please call or email the Disability Management Services Office when the employee returns to work.