



JOHNSTONE'S JOURNAL is published monthly, and designed to provide topical information of interest not only to plan administrators, but to all employees who enjoy coverage under the benefit plan. Feel free to make copies, and use as a payroll staffer.

Phone: 604 980-6227 or 1-800-432-9707

[www.jbenefits.com](http://www.jbenefits.com)

May 2014

## Applying for Disability Benefits What Do I Need to Know Before Starting a Long Term Disability Claim?

### Long Term Disability Benefits

If you become disabled due to illness or injury and as a result are unable to work, you can begin to collect long term disability (LTD) benefit payments after completing the elimination, or waiting, period. This period is typically 120 days from the date of disability, during which time you may qualify for [Employment Insurance Sickness Benefits](#) or your employer's short term disability plan.

Long term disability coverage is one of the most important benefits that employers can offer because it provides a monthly income if you cannot work due to illness or injury, and could pay benefits to age 65. To understand all aspects of your LTD benefit, review your employee booklet, and *Journals: [December 2013 Basic Monthly Earnings and Non-Evidence Maximums](#) and [May 2013 Group Benefits for Employees on Disability](#) at [www.jbenefits.com/journal.html](http://www.jbenefits.com/journal.html).*

### Start the Claim Process Early

The approval time for LTD claims is often lengthy, and there's a lot of paperwork involved. If after two months you foresee that you may not be able to return to work before completing the elimination period, you should begin to gather information to make your LTD claim.

Advise your employer that you intend to make an LTD claim so they can contact us for the applicable forms. We will assist you and your employer with the submission. You must give the insurer information from these three sources:

- you, the employee
- the attending physician
- the employer

While the employee and employer information is often easy to obtain, getting the required information from your physician can be slow. The doctor's report is the key component to approval of your claim, so make sure that you give your physician plenty of time to properly complete the report.

### Supporting Medical Details are Crucial

The quality of your physician's information will be the basis for the insurer's approval of your LTD claim. The more details provided, the better. Insurers do not give much credence to generalities. It is important to provide objective medical test results, the doctor's diagnosis, and what steps and treatment you've undertaken to help with recovery.

### Allow Time for Update Requests

You can submit the employee, employer, and attending physician statements separately, but the insurer must have all three before they will begin adjudicating the claim.

Once the insurer has reviewed all three statements, they may still not have enough information to assess the claim and will then need to gather more or verify details. Requests for additional information from the attending physician or specialist will delay your claim.

Additionally, the insurer may want to conduct an independent medical exam (IME). This often takes several weeks to arrange, and can take up to four weeks to receive the report on this type of exam.

You are responsible for any costs associated with making the initial submission; however, if the insurer requests additional information or an IME, they are responsible for those costs.

### The Timeline

Considering all of this, we recommend that you complete the initial forms during the second month of your absence, and then submit all initial forms no later than the beginning of the third month of absence.

If you have any questions, or need advice on completing your LTD claim forms, call us.