

WCB AND DISABILITY COVERAGE

Remember to notify the group insurer too

Workers Compensation Board (WCB)

Workers' Compensation Boards (WCB), also known as WorkSafe or Workplace Safety, protects workers from economic hardship when they have suffered a work-related injury or disease. When a worker is injured on the job, wage loss and medical costs including rehabilitation and retraining costs needed to return a worker to work are covered by WCB. At the same time, WCB protects employers against lawsuits from injured workers. Most employers are required by law to register with the WCB and pay premiums. For more information on all provincial WCB websites, go to www.awcbc.org.

When WCB approves a claim, many employees and employers assume they don't have to take further action. However, to ensure employees continue to be eligible under the group disability plan, they must also file with the group insurer. To avoid future problems, it is important to file a claim for life waiver or disability benefits concurrently with the claim for Workers' Compensation.

Benefits integrated with WCB

Although WCB is the primary payer of work related disabilities, group insurance policies integrate their benefits with WCB and may provide other benefits WCB does not (such as education allowance for a spouse). Sometimes it is many years later when the group insurer is asked to pick up a claim because WCB has reduced, or stopped paying benefits and the employee is medically unable to return to work.

Here's an example of how this situation would occur: initially, there is no payment due from the group insurance disability benefit because the WCB benefit is higher. WCB then reassesses the disability and pays the employee a WCB disability pension, however this pension is often smaller than the disability benefit. The claimant may now be entitled to receive disability benefits from the group insurer to make up the difference in benefits.

Waiver of premium

Group life insurance, accidental death & disablement (AD&D), short term disability and long term disability insurance generally contain a waiver of premium provision whereby these benefits may continue without further premiums. To qualify, the claimant must make the claim to the insurance carrier in a timely manner whether or not WCB is paying the claim.

THE JOHNSTONE'S ADVANTAGE

Our mission is simple:
Treat each client as if they were our only client.

Our value is clear:
We are completely independent. We work for you and offer total flexibility on insurers and plans.

We offer all your group insurance services including administration, brokerage, consulting, and communications.

We provide dedicated client support, customization and flexibility to meet all of your company's benefits needs. And we make **solid group plans simple.**



Late filing protocol

If the claim was established with the insurer at the beginning of the disability, the disabled employee only needs to provide copies of the WCB correspondence and updated medical information to support the disability claim with the group insurer.

On the other hand, if the claim was not filed with the insurer at the onset of the disability, it can be very difficult to establish at a later date.

All insurance contracts have a "Notice of Claim" provision stating the claimant must advise the insurer of the disability within 90 days and that they must submit the claim form within one year. If the insurer is not properly notified, they may decline benefits.

Start the claims 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, and there could be a fee charged by the physician to complete. 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.

If you have any questions, call us and we would be happy to assist.

Reminder –student declaration

With the September billing statements, Johnstone's Benefits will send a verification letter to employers to distribute to employees whose dependent children are currently identified as students and are between 21 and 25 years of age (22 and 26 in some cases). When the employee receives this letter, we request that they certify the student status of over-age dependent child(ren). If they are an eligible student, the employee must indicate the educational institution that the child attends, sign the form and return it to us. *If we do not receive verification of continuation of coverage, benefits for the overage dependent will terminate effective September 30th.*

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