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Consultants and Actuaries

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Privacy Legislation

Participation in the Plan depends on the collection, storage, use, and sometimes, the destruction of personal information about the Plan Members. This information forms the foundation upon which individual entitlements are built, and from which benefit payments are calculated and made. As well, parts of the personal information are needed to satisfy government demands for facts, facilitate audits of the Plan, estimate future operating costs, assess the Plan's performance and to transfer data to any replacement program. The information could also be called into a court action.

In all cases, however, personal information is stored with the utmost attention to security and deployed sparingly, to fulfill the requirements of the Plan and the law.

A complaint by a Plan Member, related to personal information, may be addressed, in writing, to the Administrator's Privacy Officer, Wayne Murphy c/o Prudent Benefits Administration Services Inc., 110-61 International Blvd., Rexdale, Ontario M9W 6K4. If further satisfaction is required, the Plan Member may contact the Office of the Privacy Commissioner of Canada or, if applicable, the Provincial Commissioner.

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Introduction

This booklet explains the most important features of the Long-Term Disability Income Plan. This Plan is for eligible employees of St. Boniface General Hospital who are covered by the Collective Agreement with United Food and Commercial Workers Union, Local No. 1869.

If there are any discrepancies between this booklet and the Text of the Disability Plan, the Text will prevail.

The Disability Plan became effective on April 1, 1987.

The Disability Plan is designed to provide a portion of an eligible employee's regular salary in the event of long term illness or injury.

The Disability Plan is operated by a Board of Trustees with an equal number of Trustees appointed by the Hospital and the Union.

Provisions of the Disability Plan may be adjusted depending upon the financial experience of the Plan, or at the discretion of the Trustees if the change is in the best interests of the Plan. This can include an increase or decrease in the amount or duration of benefits.

Board of Trustees

Hospital-Appointed Trustees

C. Gamby
J. Lange
J. Maitre

Union-Appointed Trustees

C. Abraham
R. Dunlop
N. Quiring

Questions

1. Who is eligible for protection?

Full-time and part-time permanent employees of the Hospital who are under age 60, and who are working in positions covered by the Collective Agreement.

A term employee is eligible if employed in a permanent position immediately prior to becoming term.

2. When does my eligibility begin?

Your eligibility begins on the first day of the month after you have completed three months of continuous active employment as a full-time or part-time employee.

If you were absent from work on that date for reasons other than vacation or a scheduled day off, your eligibility begins on the date you return to work.

If you are eligible for protection, and transfer to casual status, or take an unpaid leave of absence of 31 calendar days or more, you will again become eligible on the date you return to work as a full-time or part-time employee.

3. When does my eligibility terminate?

Your eligibility terminates on the earliest of the following dates:

- (a) you cease to be employed in a full-time or part-time position covered by the Collective Agreement, or
- (b) you reach age 60, or
- (c) you are laid off or suspended, for 31 calendar days or more, or
- (d) you commence an unpaid leave of absence of 31 calendar days or more.

Questions

4. How do I qualify for benefits?

You qualify for disability benefits if your medical condition meets the definition of total disability*.

***"total disability"** means during the first 24 months of disability, you are unable to perform all of the duties of your occupation, except where employment accommodations are made by the Hospital.

After 24 months of total disability, you must be unable to work at any gainful occupation for which you are reasonably fitted by education, training or experience.

If you are unable to work because of a disease or infirmity resulting from or aggravated by pregnancy or miscarriage, benefits will not be paid for any period during which you are eligible to be paid maternity or parental benefits from Employment Insurance.

You must be under the regular care of a medical doctor from the date of your disablement.

If your total disability is the result of a mental condition, you must be receiving appropriate medical care, as determined by the Disability Plan Administrator, which may include:

- (a) treatment by a psychiatrist, psychologist or other professional approved by a psychiatrist or psychologist, or
- (b) participation in a treatment program recommended and/or supervised by a psychiatrist, psychologist or other professional approved by a psychiatrist.

Questions

5. When do my payments commence?

Payments commence on the later of:

- (a) your 120th day of absence from work, following the first day of the regularly scheduled shift for which you were absent because of total disability, or
- (b) the day following the date your EI sick benefits end.

6. What does the Disability Plan pay?

The Disability Plan pays 64% of your basic monthly salary* on the first day you are absent from a regularly scheduled shift because of total disability, to a maximum of \$3,000 per month.

***"basic monthly salary"** means the greater of:

- (a) the hourly rate for your job multiplied by your regularly scheduled hours for a month, and
- (b) 1/12 of your actual earnings in the twelve months prior to your date of total disability (excluding any overtime or shift premium, and any periods of unpaid leave of absence).

If you receive any money from another source*, which compensates you for your disability (other than a private wage loss policy or vacation pay), for the same period of time that you are receiving benefits from the Disability Plan, you are required to repay the Disability Plan. Before any payments will be made by the Disability Plan, you will be required to complete a Reimbursement Agreement.

***"another source"** includes, but is not limited to, the Canada Pension Plan, Workers' Compensation, Manitoba Public Insurance or any other public or private automobile insurance policy, sick leave pay from the Hospital, or, any government agency or organization which accepts liability for an event causing your total disability.

Questions

7. What does the Disability Plan pay if I am participating in an approved rehabilitation program? (see Question 12)

If you receive income under an approved rehabilitation program, your monthly payments from the Disability Plan will normally be reduced by 40% of the income earned during rehabilitation. The actual amount of the reduction will depend upon your total income for that month. When:

- a) your income from any employment, including self employment, plus
- b) your income from rehabilitative employment, plus
- c) your Disability Plan payment,

exceeds 85% of your basic monthly salary, your disability payments will be further reduced.

FOR EXAMPLE:

Your basic monthly salary is \$1,000

Your monthly disability payment is \$640 ($\$1,000 \times 64\%$)

85% of your basic monthly salary is \$850

If you earn \$500 a month working in rehabilitative employment, your payment from the Disability Plan that month would first be reduced by \$200 to \$440 ($\$640 - (\$500 \times 40\%)$).

Because the total of the Rehabilitative Employment Income of \$500, plus the Disability Plan payment of \$440 (\$940), exceeds \$850, your Disability Plan payment would be reduced by another \$90 ($\$940 - \850) to \$350 ($\$440 - \90) for a total payment to you of \$850 ($\$500 + \350).

8. How are my payments made?

Your payments will be directly deposited to your account at a financial institution of your choice.

Questions

9. How long will I continue to receive payments?

Your disability payments will terminate on the date you:

- (a) cease to be totally disabled, or
- (b) reach age 60, or
- (c) die, or
- (d) cease to be an employee at the Hospital, unless otherwise approved by the Disability Plan Administrator, or
- (e) refuse to participate in a physical, mental or vocational assessment, or
- (f) refuse an offer of suitable employment, or
- (g) move from your area of residence to a region where the distance to Winnipeg would reasonably prevent you from participating in an approved treatment plan or rehabilitation program, or prevent on-going evaluation by the Disability Plan Administrator.

Your disability payments will terminate on the last day of the month in which the first of the following events occurs:

- (h) fail to provide information or refuse to be or are not medically examined as requested by the Disability Plan Administrator, or
- (i) refuse to follow or do not follow your doctor's treatment plan, or
- (j) do not participate in a recommended rehabilitation program, or participate in an approved vocational training program.

Questions

10. What happens to my payments if I want to leave my home address for more than 14 days?

You must, prior to your date of departure, provide the Disability Plan Administrator with:

- a) a statement from your doctor that your absence will not delay recovery, affect treatment, or prevent the ongoing evaluation of your condition; and
- b) a statement from the disability plan consultant that your absence will not delay the commencement of a rehabilitation program or a return to work, or prevent the ongoing monitoring of your progress.

If you do not provide the above information before you leave, your claim will be terminated.

11. Am I eligible to receive payments if I have a pre-existing condition?

If you received Medical Care or treatment by a medical doctor for an illness or injury during the 12 month period immediately prior to becoming eligible for protection under the Disability Plan, the illness or injury will be considered a "pre-existing condition". The term "treatment" includes any services provided by a medical doctor or the taking of any medication for the pre-existing condition.

No benefits will be paid in respect of a pre-existing condition unless Total Disability from the condition commences after you have been eligible for protection under the Plan for a period of 12 continuous months.

Questions

12. What is a rehabilitation program?

It is rehabilitative employment or a vocational training program especially designed to assist you to return to work.

The Claimant Status Review Committee along with your medical doctor will determine the type of rehabilitation that will be most suitable for you.

Participation in an approved rehabilitation program is limited to a maximum period of 24 months.

If you are unwilling to participate in an approved rehabilitation program your payments may be terminated.

13. When should I apply to receive disability benefits?

Even if you are receiving disability benefits from another source (see Definition on page 5), you should apply within 60 days following the start of your disability, but no later than 119 days after becoming disabled. **Failure to apply within 119 days of becoming disabled may result in the denial of your application.**

14. Do I have to apply for CPP Disability Benefits?

If your claim is accepted under the Disability Plan, you must apply for CPP Disability benefits.

If you do not make an application for CPP benefits, or appeal a denial of CPP benefits within 45 days of the Disability Plan Administrator's request to do so, your payments may be suspended until you do.

15. How do I apply for benefits?

See Claim Submission instructions on Page 12.

Questions

16. Who pays for the Disability Plan?

The Hospital makes monthly payments to the Disability Plan as negotiated and described in your Union Agreement booklet.

17. Do I make contributions?

No.

18. What deductions are made from my monthly disability payments?

Income tax may be deducted depending upon the amount of the payment.

Disability payments are considered to be taxable income by the Canada Revenue Agency. You will be sent a T4A slip to file with your Income Tax Return each year that you are in receipt of payments.

19. When are benefits not paid?

Benefits are not paid if your disability is a result of self-inflicted injury, war, insurrection, participation in a riot, or commission of a criminal offence.

20. What happens to my monthly payments if the Disability Plan is terminated?

The Trustees expect to continue the Disability Plan indefinitely, but as future conditions cannot be foreseen, the Trustees reserve the right to amend or terminate the Disability Plan at any time.

If the Disability Plan is terminated, the Trustees will determine if any adjustment will be made to your payments, and the amount of such adjustment.

Questions

21. If I become totally disabled, how is my coverage under the other benefit plans affected?

If you participate in the pension plan, life insurance plan, dental plan, or health care plan provided by the Hospital, your coverage may be continued while you are disabled.

To arrange for this continued coverage, contact the Hospital's Human Resources Department.

22. What are my responsibilities?

If your claim for benefits has been approved, you must notify the Disability Plan Administrator, in writing, if you:

- (a) cease to be totally disabled;
- (b) want to leave your home address for more than 14 days (see Question 10);
- (c) are entitled to or are in receipt of employment or other disability income;
- (d) change your address or phone number; or
- (e) retire or voluntarily terminate employment.

Questions

23. If my benefits are denied or terminated by the Disability Plan Administrator, how and to whom do I make an appeal?

If your benefits are denied or terminated, the Disability Plan Administrator will notify you in writing. If within 90 days of receiving the decision you can provide new medical information to support your disability, the Disability Plan Administrator will review the new information and notify you of the decision.

If the Disability Plan Administrator confirms the decision to deny or terminate benefits, you may appeal to the Board of Trustees using the following procedure:

- (a) The appeal must be made within 90 days from the date that the Disability Plan Administrator confirms the decision to deny or terminate your benefits.
- (b) You must submit new medical or other information to support your appeal.
- (c) The Disability Plan Administrator will notify the Chairperson and Vice Chairperson of the Board of Trustees that the decision is being appealed. You may be required to be examined by a medical specialist.
- (d) All information will be presented to the Board of Trustees for a decision.
- (e) You will be notified in writing of the final decision of the Board.

The Disability Plan will pay any reasonable medical/physician fees incurred to obtain additional information required by the Disability Plan Administrator regarding the appeal.

Claim Submission

If you become disabled and expect to be absent from work for more than 119 calendar days you should, as soon as possible...

- Obtain a set of Claim Forms from the Hospital's Human Resources Department (see inside front cover for address).
- Submit an Application for Sick Benefits to Employment Insurance.
- Complete the Claimant's Statement. If you do not answer all of the questions asked, the Form will be returned to you. Mail the completed Form to the Disability Plan Administrator.
- Have your Medical Doctor or Psychiatrist complete the Physician's Statement and send the Form directly to the Disability Plan Administrator.
- Upon receipt of these Forms, the Disability Plan Administrator will determine your eligibility for benefits.
- If you are eligible, the information will be adjudicated to determine if your medical condition meets the definition of disability. If your claim is approved, payments will commence upon completion of the waiting period. If your claim is denied, the Disability Plan Administrator will inform you in writing of why the claim was denied.

If you require assistance in completing your claim form, please call the Disability Plan Administrator.

If you have any additional questions about the Disability Income Plan, please phone or write to:

Disability Plan Administrator

3rd Floor, 880 Portage Avenue

Winnipeg, MB R3G 0P1

Telephone: (204) 982-6028

Fax: (204) 982-6080

Long-Term

Disability

Income Plan