



GIDIP Process for Making an Application for Short-Term Disability (STD) Benefits

Plan Members who are absent 7 consecutive days, because of Total Disability due to illness or injury, are eligible for Short Term Disability (STD) benefits.

- 1) When a member is aware that they will be absent from work for an extended period due to a disability, the Member must contact their Sick Line (no later than the 7th day of absence) to advise that they are ill and will be absent from work.



- Corporate Attendance:
 - Corporate Attendance will process the “Employee Absent Report; complete the Plan Sponsor Statement of the GIDIP Short Term Disability Claim Form and mail the form to the Member (this process can take up to eleven (8) days before the form is e-mailed to the Member).



- The Member completes the Member Statement of the GIDIP Short Term Group Disability Claim Form.



- The Member has their Physician complete the Attending Physician’s Statement of the GIDIP Short Term Disability Claim Form



- A completed GIDIP Short Term Disability Claim Form Application (along with any other medical documents) is sent to the Plan Administrator

(To expedite this process, Members have the option of obtaining a (blank) GIDIP Short Term Group Disability Form from the GIDIP Web Site to complete their portion of the form as well as have the Physician’s Statement completed in advance. Members will still be required to wait for the completed Plan Sponsor Statement from Corporate Attendance so that a fully completed GIDIP Short Term Disability Claim Form is mailed to the Plan Administrator)

Please watch the **How to Fill Out a GIDIP Claim Form, Video** to assist you in filling out your claim. Use the QR Code below.



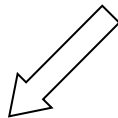
2) Adjudication Process of a Member's GIDIP Short Term Disability Claim by the Plan Administrator.



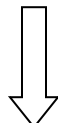
- Claims are acknowledged within 2 to 3 business days from receipt of claim.



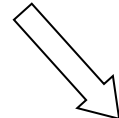
- Claim is Assessed:



Claim is Pended



Claim is Declined



Claim is Approved

Claim is Pended:

Further clarification may be required to review:

- Missing information on forms
- Additional medical requested

Claim is Declined:

- Contractual eligibility requirements are not met
- Medical does not support Total Disability

Claim is Approved:

- Benefits payment duration will be based on medical information and/or return to work date or to the maximum of age 65 or the earlier of retirement

All questions relating to the GIDIP should be directed to either the Plan Administrator, Canadian Benefits Consulting Group or the Member's GIDIP Trustee.

3) Adjudication Process of a Member's GIDIP Short Term Disability Claim in the EI Period.



- If a Member's STD I claim is approved for the maximum duration of 26 weeks and the Member is still Totally Disabled, The Plan Administrator will advise the Member to apply for EI. An STD I Maximum and EI Invite Letter will be sent to the Member.
- During the EI Period, The Disability Case Manager will continue to be the Member's main point of contact.

4) Adjudication Process of a Member's GIDIP Short Term Disability Phase II Claim by the Plan Administrator.



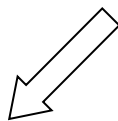
- At least 5 weeks prior to the end of the EI Period, The Plan Administrator will forward (via mail) a STDII/LTD Application along with a letter to the Member.



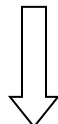
- Claims are acknowledged within 2 to 5 business days from receipt of claim.



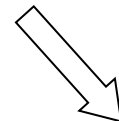
- Claim is Assessed:



Claim is Pended



Claim is Declined



Claim is Approved

Claim is Pended:

Further clarification may be required to review:

- Missing information on forms
- Additional medical requested

Claim is Declined:

- Contractual eligibility requirements are not met
- Medical does not support Total Disability

Claim is Approved:

- Benefits payment duration will be based on medical information and/or return to work date or to the maximum of age 65 or the earlier of retirement

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5) Adjudication Process of a Member's GIDIP Long Term Disability Claim by Manulife.



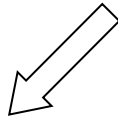
- If a Member's STD Phase II claim is approved for the maximum duration of 20 weeks and the Member remains Totally Disabled, the Plan Administrator will forward a copy of the entire STD Claim File to Manulife for review of LTD Benefit entitlement.



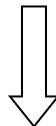
- Claims are acknowledged within 10 to 15 business days of receipt of claim.



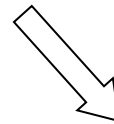
- Claim is Assessed: The Disability Case Manager will conduct a telephone interview with the Member to obtain a complete understanding of the Member's disability; restrictions & limitations, treatment and occupation.



Claim is Pended



Claim is Declined



Claim is Approved

Claim is Pended:

Further clarification may be required to review:

- Missing information on forms
- Additional medical requested

Claim is Declined:

- Contractual eligibility requirements are not met
- Medical does not support Total Disability

Claim is Approved:

- Benefits payment duration will be based on medical information and/or return to work date or to the maximum of age 65 or the earlier of retirement.

All questions relating to the GIDIP should be directed to either the Plan Administrator, Canadian Benefits Consulting Group or the Member's GIDIP Trustee.

YOUR BOARD OF TRUSTEES

Terry Carlucci, Trustee
Astrid Metzler, Trustee
Ross McConkey, Trustee/ Financial Secretary
Martin Melanson, Trustee
Sophia Michailidis, Chairperson

This brochure is put together as a tool to assist you in understanding your disability plan and is not meant to replace the Group Insurance Disability Policy.

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