

# **FENCHURCH GENERAL INSURANCE COMPANY**

## **Employer Information Manual**

### **Application & Management Process for Short and Long Term Disability Benefits**

## *Index*

<i>Topic</i>	<b>Page</b>
Reporting an Absence from Work .....	3
Definition of Absence .....	3
Initiation Process .....	3
Early Intervention .....	3
Application for Disability Benefits .....	4
Short Term Disability and Long Term Disability Application Forms .....	4
Application Process .....	4
➤ Employer .....	4
➤ Employee/Claimant .....	4
➤ Physician .....	5
➤ Third Party Administrator (TPA) .....	5
Review and Adjudication of a Claim .....	6
➤ Claim Accepted .....	6
➤ Claim Pending .....	7
➤ Claim Denied .....	7
Case Management .....	8
Closing A File .....	9
Reasons for Closing a File .....	9
Closing a File .....	9
Fenchurch General Insurance .....	10
Communication and Contact Information .....	11

## *Reporting an Absence from Work*

### *Definition:*

For the purpose of applying for short or long term disability benefits, an absence is defined as:

- One day for hospitalization over 24 hours
- Five days for any absence related to non-work related injury or illness
- Or earlier, if the absence is related to a pre-scheduled surgery.

### *Initiation Process*

If **any** of the above applies, the Employer should:

- Complete an Early Intervention Form.  
Early Intervention Forms may be obtained from your plan administrator. Alternatively you may request an electronic or hardcopy version of the form by calling 1-866-226-4817
- E-mail the completed form to [claims@fenchurchgeneral.com](mailto:claims@fenchurchgeneral.com) or fax it to 1-877-364-6666.

### *Early Intervention*

Upon receipt of the Early Intervention Form, Fenchurch General Insurance Company ("FGIC") will:

- Contact the employee directly
- Confirm whether or not the employee is eligible for and will be filing for Short Term Disability benefits or Long Term Disability as appropriate.
- Notify the employer if the employee plans to file for Short Term Disability benefits, or in the event of prolonged absence file for Long Term Disability benefits. FGIC will also notify the employer of the need to ensure that the employee has an Application Form.

# *Application for Disability Benefits*

## *Short Term Disability and Long Term Disability Application Forms:*

Fenchurch General Insurance Short Term Disability and Long Term Disability application forms are available:

- From the plan administrator, or
- By contacting FGIC at 1-866-226-4817

## *Application Process:*

### *Employer:*

- Where requested by the employee, provide the employee/claimant with a copy of the Claimants' Application for Benefits Form as well as Parts 1 and 2 of the Attending Physician Statement
- Scan and e-mail a copy of the claim form to [claims@fenchurchgeneral.com](mailto:claims@fenchurchgeneral.com).
- Faxed submissions are to be sent directly to at 1-877-364-6666
- Should you have any questions about the form please contact 1-866-226-4817.

**Note:** If an employee/claimant receives Short Term Disability benefit and then wishes to apply for Long Term Disability Benefit no further forms will be required, but additional information may be requested by FGIC depending on the nature of the disability

### *Employee/Claimant*

- Complete "Claimants Statement" and Part 1 of the Attending Physicians Statement
- Take the completed Part 1 of the Attending Physicians Statement and Part 2 of the Attending Physicians Report to the attending (family) physician for completion. Note: The cost for completion of the Attending Physicians Statement is the employee/claimants responsibility
- Fax the completed Claimants Statement directly to 1-877-364-6666 or scan and e-mail the completed for to [claims@fenchurchgeneral.com](mailto:claims@fenchurchgeneral.com)
- Should you have any questions about the form please contact by phone at 1-866-226-4817.

**Note:** If an employee/claimant receives Short Term Disability benefit and then wishes to apply for Long Term Disability Benefit no further forms will be required, but additional information may be requested by FGIC depending on the nature of the disability

## *Physician*

- Complete Part 2 of the Attending Physicians Statement and fax the completed forms to FGIC at 1-877-364-6666 or mail to Fenchurch General Insurance Company, Employee Protection Claims, 300-100 MILVERTON DRIVE - MISSISSAUGA, ON - L5R 4H1
- If the employee/claimant has received Short Term Disability benefits and is now applying for Long Term Disability benefit, the physician will be asked to complete an 'Additional Medical Information Form' which addresses in more detail the long term implications of the illness or injury.

## *Review and Adjudication of a Claim*

Upon receipt of an application for disability benefits FGIC will:

- Review all the document for completeness and eligibility under the insurance plan
- Follow-up with the appropriate party regarding any incomplete information or deficiencies
- Undertake an extensive review of the claim to verify eligibility based on the medical information provided
- Make a decision on benefit status for Short Term Disability within 3 to 5 business days of receiving the complete application
- Make a decision on benefit status for Long Term Disability as quickly as possible after receiving all the required documentation noting that typically decisions on LTD may take longer than 5 business days

**Note:** If the injury/illness is the result of, or may be the result of a work-related incident, the employee/claimant may be instructed to either apply for Worker's Compensation benefits or provide a decision letter from Worker's Compensation regarding their claim and Fenchurch General Insurance Company may delay making a decision until these requirements are met.

## *Claim Accepted*

- FGIC will contact the employee by mail with an approval letter confirming that the claim is approved for a specified period.
- If the claim is accepted for Long Term Disability application forms for Canada Pension Plan (CPP) will be sent to the employee
- FGIC will advise the employer and the TPA of the approval by email and will be accompanied by a non-confidential medical status update of the claimant

### *Claim Pending*

- Claims are held in a pending mode when more information is required before a decision can be made.
- FGIC will contact all parties and will contact the employee directly to clarify the outstanding issues and/or what additional information is required for adjudication.
- FGIC may contact the physician directly for clarification of medical information or to request additional medical information
- All corrections, clarifications and additional or supplementary medical information is to be submitted to FGIC
- FGIC will review the additional information and make a decision.
- If information is not received within 4 weeks, the claim will be denied but the employee will have the right to appeal the decision.

### *Claim Denied*

- If the claim does not meet policy criteria, FGIC will send a decision letter to the employee indicating denial along with details of the appeal process.
- FGIC will contact the Client and the TPA by email explaining the denial
- If the employee/claimant wishes to appeal the decision they must submit the appropriate documentation to FGIC within 12 weeks of the original decision

# *Case Management*

## *Case Management*

FGIC manages each claim from the initial notification until the benefit period ends or until the employee returns to work. As part of a comprehensive case management program FGIC will:

- Contact the employee on a case-by-case basis and keep the TPA updated on a regular basis
- Work with the employee, physician, and manager to ensure a timely and acceptable Return to Work (RTW) schedule is established
- Contact the treating physician for additional information, request medical files or clarification of information and may request an Independent Medical Evaluation (IME), or a Functional Ability Evaluation (FAE), as required or as necessary
- Work with the employee, employer and other health care providers to determine limitations and restrictions to an employee's return to work.
- Send out the necessary forms for the Canada Pension Plan (CPP) benefits if the claim is accepted for Long Term Disability (LTD) and if CPP Disability Benefits are denied, lodge an appeal of that decision within 6 months.
- Will prepare an appropriate Return to Work Strategy where/when appropriate. As part of the return to work process and to facilitate a safe and timely return, FGIC may request a job description from the employee's manager and discuss the employee's duties, limitations and barriers to a return to work. FGIC may request medical information relative to physical capabilities and limitations as part of the return to work plan.

## *Closing a File*

### *Reasons for Closing a File*

- The employee/claimant is able to return to work fully and has informed his/her employer and FGIC of his/her return to work date
- The employee/claimant has participated in a return to work plan, has recovered fully and has returned to work
- The employee/claimant has been medically cleared to return to work, but has declined to do so
- For Short Term Disability when the employee/claimant has remained off work and totally disabled to the end of the Short Term Disability benefit period (at which point the STD claim is closed and, if appropriate, an LTD claim may be opened)
- The employee/claimant has received the maximum benefits allowed under their long term disability benefit plan but did not meet policy criteria for total disability any occupational (definition period)
- The employee/claimant fails to provide sufficient medical information to support the claim for benefits.

### *Closing a File*

- Files are closed after follow up by FGIC within 30 days of Return To Work (RTW)
- A closure letter is sent to the employee when the file is closed. FGIC will notify the employer.

**Note:** If an employee has been on Short Term Disability (STD) has not been able to return to work, or has not terminated employment for any reason during their absence, FGIC will send out a Long Term Disability Application package 4 weeks prior to the end of the benefit maximum period.

- Short Term Disability claims are closed at the end of the benefit period.

## *Fenchurch General Insurance Company*

Fenchurch General Insurance Company work with the Third Party Administrators to ensure that benefits are paid promptly to the employee unless agreed otherwise.

They are responsible for:

- Determining whether an employee is eligible to receive benefit.
- Determining the benefit to be paid.
- Payment of STD benefits on a weekly basis.
- Payment of LTD benefits on a monthly basis (in arrear).
- Assist claimants in WCB/WSBC/WSIB and CPP applications.
- Production of T4 forms for Revenue Canada.

## *Communication and Contact Information*

FGIC is the primary contact for:

- Employers/clients
- Employees/claimants
- Physicians

FGIC is also the primary contact for all correspondence, such as:

- STD application forms from the employer/client, employee/claimant and the physicians
- LTD application forms from the employer/client, employee/claimant and the physicians
- All supplementary and/or additional medical forms and information

FGIC contact information is as follows:

- Phone : 1-866-226-4817 (Toll free Across Canada)
- Fax 1-877-364-6666 (Toll Free Across Canada)
- E-mail [claims@fenchurchgeneral.com](mailto:claims@fenchurchgeneral.com)

Mailing:

Fenchurch General Insurance  
Company Employee Protection Claims  
300-100 MILVERTON DRIVE -  
MISSISSAUGA, ON - L5R 4H1