



IUPAT LOCAL 177 WELFARE TRUST FUND

GUIDE TO APPLYING FOR WEEKLY DISABILITY BENEFITS

WEEKLY DISABILITY BENEFIT

If you become totally disabled due to a non-occupational injury or sickness, you will receive a disability benefit, provided you are under the continual treatment of an attending Physician or Surgeon. Totally disabled shall mean the member is incapacitated to the extent that the member is not able to perform any and every duty of the member's occupation or employment.

To start your claim you must apply for both the Weekly Disability Benefit with IUPAT Local 177 Welfare Trust Fund and Employment Insurance Sickness benefits as soon as you become disabled.

Your benefit will be payable for not more than 35 weeks during any one period of disability. **Please note Weekly Disability Benefits are not payable during the initial 119-day elimination period.**

Weekly Disability payments will be reduced by any income received from:

- Salary continuance
- Retirement pension
- Any coverage resulting from membership in an association
- Payments from a result of MVA
- Lump sum payments

If following a period of disability, you return to active work at least two weeks, a recurrence of this disability will be considered a new period of disability. You must also be covered when the total disability reoccurs.

TO APPLY

- Have the entire Weekly Disability Benefits Package completed by yourself and your attending Physician. This can be obtained by phone (780) 452-5161, toll free (800-770-2998), or online www.paintersbenefits.ca
- Submit all required documentation from EI Sickness, WCB or your Auto Insurance carrier (if applicable)

TREATMENT CENTRES

You may be eligible for the Weekly Disability Benefit during the period you are admitted into an in-patient treatment centre. You must be under the care of a registered Physician and must have a letter from the treatment centre submitted in addition to the Attending Physician's Statement. This letter must be completed on their letterhead to confirm the details of your stay including but not limited to admission date, treatment plan, progress and the date you were discharged.

ELIGIBILITY

To be eligible for Weekly Disability benefits you must be:

- Totally Disabled
- Eligible for benefits under this plan
- Under the continual treatment of a registered Physician or Surgeon

You will not qualify for Weekly Disability benefits if:

- You are making Self-Payments
- You have reached age 70 or retired, whichever is earlier
- Your application was submitted after 6 months from the date of disability



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Weekly Disability benefits cannot be issued for:

- The duration of the 119-elimination day period
- Any day on which you are not under the care of a registered Physician or Surgeon
- A disability caused by self-inflicted injury or illness
- A disability resulting from insurrection, war, service in the armed forces of any country, or participation in a riot
- The portion of a period of disability during which you are imprisoned in a penal institution or confined in a hospital, or similar institution, because of criminal proceedings
- Any period of disability, or portion thereof, during any Leave of Absence (including maternity leave) as defined in the General Provisions section of the benefit booklet, except where benefits are provided during the postnatal recovery period of maternity leave (Leave of Absence shall mean a period away from work mutually agreed to by you and your employer. In the case of maternity leave of absence, the leave shall begin and finish on dates agreed to by you and your employer or as required by Provincial or Federal law.)
- A disability which commences on or after the date a strike begins, except as outlined in the Master Policy; however, a member can fulfill his/her Qualifying Disability Period during a strike
- For a disability resulting from any automobile accident whether the member is riding as a passenger or is a driver of a vehicle involved in the accident, or is a pedestrian, if the claimant can recover from a third party, the loss of income resulting from the accident. Vehicle shall mean any motorized vehicle or bicycle. If the circumstances of the automobile accident are such that the claimant is precluded from any recovery from a third party for the loss of income resulting to the claimant from the accident, then the claimant is eligible to receive this benefit provided that any Section B benefits paid or payable from an Automobile Insurance Policy (irrespective of whether the claimant has in place an Automobile Insurance Policy) shall be deducted from the amount of the benefit otherwise payable to the claimant
- On any day you did any kind of work for pay or profit

REQUIRED DOCUMENTATION

THE WEEKLY DISABILITY PACKAGE

Below is a list of the documents within the Weekly Disability Benefits Package that must be completed in full **Without this information, your claim will be delayed until all the information is received:**

- The Weekly Disability Benefits Statement
- The Attending Physician's Statement
- Acknowledgement & Reimbursement Agreement
- Consent to Release
- Direct Deposit Form

For a claim to be established, the Attending Physician's Statement needs to be fully completed by your registered Physician or Surgeon. The Attending Physician's Statement **cannot** be substituted with a simple medical note. **Psychologists, Chiropractors, or Social Workers are not considered to be Medical Doctors (M.D.) therefore they do not meet the qualifications required for completion of the Attending Physician's Statement.**



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ONCE APPROVED

Once the documentation is reviewed by Homewood Health Inc. and they provide confirmation you meet the definition of disability your payment record will be set up. Payments are issued weekly every Thursday and run for the pay period Sunday to Saturday (the same format as EI Sickness). Make sure you are set up for electronic deposit to receive payments quicker.

WORKERS' COMPENSATION

Weekly Disability benefits are not payable for a disability due to occupational injury or sickness.

If you have submitted a claim to Workers' Compensation and you have been declined, we will require a copy of your declination letter.

Regarding Workers' Compensation, you will also be required to complete a Consent to Release Information form for Funds Administrative Service Inc. to access any information with respect to your Workers' Compensation Claim.

SUBROGATION

If you are entitled to recover compensation for loss of income, medical or dental expenses from a third party as a result of the incident which caused or contributed to the disability, for which benefits are paid or payable, the Insurer will be subrogated to all your rights of recovery for loss of income, to the extent of the sum of benefits paid or payable by the Insurer. You shall execute such documents as required by the Insurer.