



Upper Grand ETFO

When LTD is Needed

Filing a Long Term Disability Claim



1. When a member has been absent from work for five or more days, the Workplace Early Intervention Program Coordinator is notified by the Principal.
2. The WEIP Coordinator contacts the member and maintains ongoing communication with the member geared to identifying when the employee will be able to return to work and what special needs he/she may have.
3. If a member's medical status is not improved/stable, the WEIP Coordinator, in consultation with the Benefits Coordinator, decides whether a LTD application should be provided to the employee.
4. LTD is meant for an extended and continuous absence due to a disabling medical illness/condition. The member's doctor or specialist determines whether the disability warrants pursuing an application for LTD. It is important for the member to consult with his/her practitioner about the prognosis of the illness.
5. The WEIP Coordinator can discuss the member's situation with him/her and help to explore the options. If necessary, the member's local ETFO can speak to him/her if further assistance is required.
6. The LTD kit contains three parts:
 - I. **Plan Administrator's Statement** - This is completed by the School Board.
 - II. **Attending Physician's Statement (APS)** - This is completed by the member's treating physician. If more than one treating physician is involved, then an APS should be completed by each doctor. Doctors may attach additional information to an APS.
 - III. **Member's Statement** - This is completed by the member. The information given by the member should be consistent with the information provided by the member's treating physician.
7. The LTD Plan has a waiting period of 80 working days. This is the period of time between the day the member stopped working as a result of the illness/condition, and the first date the member is eligible to receive LTD benefits.
8. A confirmed diagnosis does not guarantee approval of a LTD claim. As well, the onus is on the member to provide substantive proof (medical documentation) that the member is medically disabled from returning to work. It is not up to the LTD insurer to obtain this information.
9. The LTD policy has a definition of disability and a claimant must provide objective medical information that supports this definition.
10. Reports and opinions from the family doctor are important. However, the greater weight is given to information provided by a specialist. It is highly recommended that a member be under the care of and be receiving treatment from a specialist specializing in the medical illness/condition.
11. Sometimes an Insurer will require that a member attend an Independent Medical Evaluation (IME). The insurer has the right to make such a request. If a member does not attend, then the member risks having the LTD benefits stopped and/or the LTD claim terminated.
12. If a LTD claim is denied, a member does have the right to appeal the decision. The member may consult with the local ETFO office regarding an appeal.
13. Members who are eligible to retire with a 60% unreduced service pension (i.e. members who have both the 85 factor and 30 credited years of experience as documented by the Ontario Teachers' Pension Plan) are not eligible to receive LTD benefits.