

*Your Guide
through the*

Disability Claims Process

*What you should know about
filing a disability claim*

This brochure will act as your guide through what is, for most, a very disconcerting time, by providing understanding as to what you can expect and will hopefully make the experience a little easier for you.

Your insurance certificate provides details of your coverage.

Key Players and Their Roles

Experiencing a disability can be an uncertain and confusing time.

The key players involved are all considered integral team players in making sure your application for disability benefits as well as the assessment process move forward in as seamless a manner as possible.

By working together, the anxiety and stress of applying for disability benefits can be minimized.

Claimant

You have a critical role in determining the outcome of your claim. The information you provide and actions you take are essential in expediting the claim process. You should **complete your portion of the claim forms** accurately and fully and **co-ordinate the completion of your attending physician's statement**.

Attending Physician

Your attending physician has a key role in documenting your condition. Sun Life relies on the information provided by your treating medical professionals to assess your medical condition and functional capabilities. It is always helpful if any reports (including x-rays or test results) are provided, if applicable.

Sealey/Manning Inc.

At a time like this, it's nice to have someone who can walk you through the process. OMA Insurance has retained the services of an independent company, Sealey/Manning Inc (SMI), to assist you during the initial stages of submitting your claim.

A representative from this company will be in contact by telephone in order to arrange a mutually convenient time to meet in person or provide assistance to you by telephone. In the event that you have not been contacted by SMI and would like immediate assistance, please call our office at 416-340-2918 or 1-800-758-1641.

Initial Attending Physician's Statement

Your treating physician must complete this form. You are accountable for ensuring that this form is completed and submitted on time. Sun Life cannot begin evaluating your claim until this completed form is received. It is your responsibility to pay any fees charged by your doctor for the completion of this form.

Pre-Disability Business Profile

Sun Life recognizes that every physician's practice is unique. This form asks you to provide us with important details about how your business is set up. This includes information about certain expenses that you incur, your occupational duties, the proportion of your overall income associated with these duties and your typical work schedule. At the end of this section there is a Financial Authorization form. After reading it carefully, please sign and make sure it is returned.

Initial Statement of Earned Income

Together with supporting financial documentation, this form, establishes your pre-disability income figure. This figure is necessary to determine benefits payable. To determine your pre-disability income (PDI) figure you have the option of completing the Initial Statement of Average Monthly Earned Income form. If you choose not to complete this form, the PDI will be based on the same fiscal period described in your Income Tax Return. Regardless of whether you submit the Initial Statement of Earned Income form, copies of the following supporting financial documents should be submitted:

- Income tax returns (personal and corporate) along with Notices of Assessment for the past two years.
- Any financial arrangements/agreements including partnerships, management companies, joint ventures and locums.
- Financial statements, if available for the past two years.

Professional Overhead Expense

(Only applicable if you have Professional Overhead Expense insurance)

This form asks you to itemize the monthly business expenses you incur and for which you are eligible for reimbursement.

Statement of Earned Income and Expenses

(Applicable when working part time)

If you are not totally disabled, but are suffering a loss of income because of your disability, this form provides information used to calculate residual disability benefits. Your loss of earned income incurred each month is calculated in order to determine the monthly benefit payable.

5 Stages of the Disability Claim Process

Stage 1

Contact OMA Insurance

Contacting OMA Insurance to notify us of your disability, at which time preliminary information was gathered, initiated the disability claim process. Notification of your intent to submit a claim, including the preliminary information obtained, was forwarded to Sun Life.

It is important that you review your certificate(s) of insurance so that you understand the terms and conditions of your coverage. If you cannot locate your certificate(s), OMA Insurance can provide a replacement certificate(s), if requested.

Stage 2

Completion of Disability Claim Forms

Your role as a key player in the claim process starts with your input and the factual information you provide during the claim application process. This information is essential in understanding your pre-disability situation and current status. The forms have been designed to collect as much information as possible from you at the beginning of the process. Therefore, it is important to fully complete all forms sent to you in the disability claim package, as this will avoid causing any unnecessary delays. If you decide not to proceed with your claim, please notify OMA Insurance so that your file can be closed.

The following provides some helpful information about the claim forms included in your disability claim package as well as supporting information required.

Member's Statement for Disability Claim

Often additional information is required to assist in understanding your condition and its impact on your ability to work. When you sign this form, you give Sun Life the authorization to obtain personal information about you from third parties including your physician(s) and other insurers. Only information relevant to your claim will be requested by Sun Life, and your personal data is kept in strict confidence.

Stage 3

Return Forms and Financial Information to Sun Life

Once your claim forms are completed, return them with the requested financial information to Sun Life. To avoid delays, you are encouraged to submit your claim prior to the completion of the Elimination Period (this period is specified on your Summary of Insurance, and during this period no benefits are payable). The earlier your claim is submitted, the sooner Sun Life can begin the assessment process. Contractually, the claim forms must be received no later than 90 days after completion of the Elimination Period. All documentation must be received by Sun Life within one year from this date. Failure to submit your claim within this time period could influence the insurer's ability to properly assess it, which may result in your claim be disallowed.

Stage 4

Your Claim is Reviewed and Assessed by Sun Life

Once Sun Life receives your claim forms, you will receive a letter of acknowledgement and the Case Manager assigned to adjudicate your claim will be identified with contact information provided. Your Case Manager will review your claim forms and documents and will contact you personally, usually within 7 business days.

Your Case Manager will consider a number of different factors when assessing the information submitted, including your medical information and functional capabilities as related to your occupational duties. These factors indicate what you do in your job and how your condition affects your ability to perform your job duties. Your Case Manager may conduct telephone interviews with you and your treating medical professionals, if required.

If your disability coverage has been in-force for less than two years, Sun Life will review this coverage to determine whether any misrepresentation occurred at the time your application was underwritten. Sun Life may need to obtain additional medical and financial information from you.

Stage 5

If your claim is approved...

If your claim is approved, your benefit payments will begin (subject to completion of the elimination period). The type and amount of benefit payment will depend on your coverage and on your level of disability (residual or total).

Your benefit will be paid retroactively on the last business day of the month. Benefits may be directly deposited into your account at a Canadian Financial Institution. An authorization as well as a sample “void” cheque will be required for this process.

Your Case Manager will review your claim regularly for as long as you are eligible to receive benefits. When you are able to return to work, either part-time or full-time, your Case Manager will review your options with you.

If a decision can't be reached, Sun Life will investigate further...

There may not be sufficient information to establish your eligibility for benefits. With some claims, the Case Manager will need additional financial or medical information before a decision can be made. With your authorization, information will be requested from, for example, your treating physician(s), your accountant, or from the hospital where you were treated. Taking into consideration the circumstances of your claim, Sun Life's focus will be to obtain any further information they require as quickly as possible. Your Case Manager will keep you informed of the progress being made and the status of any outstanding information necessary to arrive at a decision.

If your claim is denied...

If Sun Life denies your claim, your Case Manager will inform you by telephone and explain the reasons for the decision. You will also receive a letter confirming how the decision was reached. If you disagree, you will have the option to appeal. The appeal process will be outlined in this letter. Generally, an appeal should be submitted within 60 days from the date of the letter.

To appeal, you must request in writing that your claim be reconsidered and outline the reasons why you disagree with the decision. If new information to substantiate the restrictions and limitations you are claiming is available, it should be included.

Checklist

- *Provide detailed information and ensure a response is provided to every question.*
- *Ensure each form is completed, signed and dated by the appropriate person.*
- *Submit any additional information that you believe is relevant in the assessment of your claim.*
- *Respond to all correspondence promptly. Urge treating professionals to do the same on your behalf.*
- *Advise Sun Life of any changes in your condition or treatment plan immediately.*
- *Consider telephone, fax or e-mail to provide information of a non-sensitive/non-confidential nature.*
- *Request clarification of any aspect of the claim process that you do not understand or agree with.*
- *Remain Pro-Active in the ongoing assessment of your claim.*

Sun Life Case Manager

Sun Life will assign a case manager to work closely with you. Upon receipt of your completed forms they will:

- Review your claim to determine its eligibility.
- Calculate your monthly benefits and monitor the progress of your claim.
- Consult with you and other claims experts at Sun Life to develop strategies for your timely and successful return to work, if appropriate.
- Communicate with you regularly on the status of your claim and with your attending physician as necessary.

You are encouraged to talk with your case manager, who can be reached toll-free at 1-800-453-6207.

Sun Life Medical Consultants

Your case manager will work closely with internal Medical Consultants who are knowledgeable about current best medical practices and act as a resource by providing an explanation of conditions and insight into medical treatment. On occasion the Sun Life medical consultant may contact your attending physician(s).

“With you, every step of the way”

Confidentiality Sun Life holds all financial and medical information in the strictest confidence, and does not release it to OMA Insurance or any other organization without your prior written consent. For more information, please refer to Sun Life's booklet entitled, Respecting Your Privacy.

Waiver of Premium Once you have been disabled for a continuous period of at least 270 consecutive days and are receiving disability benefits, Sun Life will waive premium payments as long as you remain continuously disabled. Any premiums paid since the first of the month following the start of your disability will be refunded.

Work re-entry programs generally involve recommendations and education about ergonomic changes to your work environment, assistive devices, activity pacing, and stress management strategies. They may provide information on, and referral to, support groups, pain management workshops, cognitive behaviour therapy, or stress management workshops. Occasionally, rehabilitation is required and may involve vocational retraining. Financing for rehabilitation programs is arranged through your Case Manager.

If appropriate, a Disability Management Consultant and your Case Manager will design a work re-entry program for you. This program will be based on your medical condition; the flexibility of your job environment; your aptitude, interests, goals and motivation. The goal is to tailor a program that is realistic, practical, success-oriented and consistent with your capabilities, as well as the intent of the insurance contract.



OMA Insurance
150 Bloor Street West, Suite 900
Toronto, Ontario M5S 3C1
Tel: 416-340-2918
1-800-758-1641
Fax: 416-340-2998
info@OMAinsurance.com
www.OMAinsurance.com



Association and Affinity Business
Sun Life Assurance Company of Canada
PO Box 4097, Station A
Toronto, Ontario M5W 2Z5
Tel: 416-408-7390
1-800-453-6207
Fax: 416-595-9528
www.sunlife.ca

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