

UFCW UNION/MAPLE LEAF FOODS INC. BENEFIT PLAN

DISABILITY GUIDE

GENERAL INFORMATION

As of May 24, 2024 all claims and claims inquiries should be sent to Carelogix Health Solutions. Payment services will continue to be handled by the PBAS Group.

Claim Adjudication:
Carelogix Health Solutions
Mailing Address: 3rd Floor, 880 Portage Ave.
Winnipeg, Manitoba R3G 0P1
Email: CLAIMS@CARELOGIX.CA
Phone: 1-866-279-6901

Claim Payment:
The PBAS Group
Mailing Address: 3rd Floor, 880 Portage Ave.
Phone: 1-877-982-4170
Email: MAPLELEAFDISABILITY@PBAS.CA
Fax: 204-982-6080

Prior to submitting a claim for disability, Members must ensure that they have provided the Plan with their **REGISTRATION FORM** and their **DIRECT DEPOSIT INFORMATION**. Claims will not be evaluated if a Member has not registered for the Plan. Payment will not be issued if direct deposit information is not provided to the Plan.

It is the Member's responsibility to ensure that all forms are fully completed and submitted **within 90 days of their first day of absence**. Claims will not be assessed and payment will be withheld until all items pertaining to the claim are received.

SHORT-TERM DISABILITY

Eligibility

Members become eligible for short-term disability (STD) benefits after their completion of 6 calendar months of continuous employment.

Definition of Disability

To apply for STD benefits an Eligible Member must be unable to perform their regular occupation because of a non-occupational disease or sickness or accidental injury and be under the continuing care of a licensed medical doctor or psychiatrist.

Benefit Amount

The Plan pays 60% of a Member's basic weekly earnings to the weekly Employment Insurance (EI) maximum. This benefit is taxable, and the Member will be sent a T4A slip at the end of the year.

Short-Term Disability Claim Procedure

1. EMPLOYERS must send the EMPLOYER'S STATEMENT ("FORM 2") to Carelogix and PBAS for any eligible period that a Member is off work due to illness or injury at the following email addresses:

CLAIMS@CARELOGIX.CA
MAPLELEAFDISABILITY@PBAS.CA

This information is required for the Plan to coordinate with EI.

The eligible periods are based on the types of shift a Member works. The shift requirements are as follows:

- 8 Hour Shift – Unable to work for at least 5 consecutive shifts
- 9.5 Hour Shift – Unable to work for at least 4 consecutive shifts
- 10 Hour Shift - Unable to work for at least 4 consecutive shifts
- 12 Hour Shift - Unable to work for at least 3 consecutive shifts

Whenever a Member becomes eligible to apply to the Plan, EMPLOYERS must provide them with a Record Of Employment (ROE) so that they can apply to EI.

Please include any additional relevant information in the "Additional Comments" section. Please provide an explanation for any days unaccounted for between the last scheduled workday and their first day of absence (leave of absence, family days, etc).

2. For **WORK-RELATED** disability claims Form 2 still needs to be submitted. Please indicate that the disability is work-related on the Form 2. The Member will need to exhaust both their WCB/WSIB period and their EI period before being eligible for payment from the Plan. The inclusion of work-related disability information helps ensure that future claims are assessed correctly. Before a Member submits a short-term disability claim to the Plan, they must have applied to all other

sources from which they may be entitled to receive benefits. These sources include, but are not limited to:

- **WCB/WSIB** (if disability is work-related)
- **Automotive Insurance Company** (if disability is related to a motor vehicle accident)

3. Complete and submit to Carelogix **CLAIMANT'S STATEMENT (FORM 1)** and **AGREEMENT TO REIMBURSE**, within 90 days of the Member's FIRST DAY OF ABSENCE.

For **WORK-RELATED** disability claims, Members must provide evidence for both WCB/WSIB and EI of either denial or completion of the eligible period. If declined, please submit your decline letter from any of these organizations to Carelogix when submitting your Form 1 and Agreement to Reimburse.

If a Member is assigned a waiting period it may be covered by the Plan. If a Member is denied by WCB/WSIB they must apply to the Plan within 90 days of notice of denial. If a Member is approved they can apply to the Plan once their WCB/WSIB and EI periods are completed. Member's must provide evidence of completion of these periods with their Form 1, Form 3A and Agreement to Reimburse.

For MOTOR VEHICLE RELATED disability claims, Members must provide the MPI letter or written confirmation of details from your auto insurance provider along with their Form 1, Form 3A and Agreement to Reimburse.

As a reminder, the Plan will only potentially cover periods where a Member cannot be covered by any other source.

4. Have a physician complete the **ATTENDING PHYSICIAN'S STATEMENT (FORM 3A)** and submit it to Carelogix. If the claim is for a mental disorder your physician must complete the **APPLICATION FOR DISABILITY BENEFITS – MENTAL AND NERVOUS DISORDERS (FORM 3AMN)** and submit it to Carelogix.

THE COST FOR FORM 3A OR 3AMN CAN BE SUBMITTED TO THE PLAN USING THE MAJOR MEDICAL CLAIM FORM TO A MAXIMUM OF \$50.

ANY FORMS REQUESTED BY YOUR CASE MANAGER WILL BE COVERED AT 100%.

ANY FORMS REQUIRED FOR APPEALS ARE NOT COVERED.

5. Once Carelogix has received Form 1 and Form 2 from the Member and Employer they can determine whether the Member should be applying for **Sick Benefits from Employment Insurance ("EI")**, if this is their first claim in the last 52-week period, or reapplying to EI if they previously opened a claim in the last 52-week period. They can apply for EI here:

<https://www.canada.ca/en/services/benefits/ei/ei-sickness/apply.html>

THIS IS DONE EACH TIME YOU MAKE A CLAIM BECAUSE BENEFIT PLAN PAYMENTS ARE COORDINATED WITH EI.

Members need to apply to EI each time they are off work due to illness or injury even if it is a claim with WCB/WSIB, or automotive insurance or if they do not intend to apply to the Plan because these absences go toward your EI waiting period which may mean EI will begin immediately.

If a Member has not been off on disability within the last 52 weeks and have applied to EI and been approved, EI will assign the Member a waiting period and, should the claim be approved by Carelogix, the Plan will pay some or all of the waiting period.

If a Member has been off in the previous 52 weeks and applied to EI, they must re-open their previous claim and use their full 26 weeks of EI and provide evidence from Service Canada of doing so to the Plan when applying to the Plan.

If a Member has had a Form 2 submitted for an absence in the previous 52 weeks and has not applied to EI, payments from the Plan will be withheld until they apply for an antedate with EI and use their full 26 weeks of EI. Members must provide Carelogix with the 26-week breakdown of EI payments from Service Canada.

If a Member has had a Form 2 submitted for an absence in the previous 52 weeks and did not reopen their EI claim or apply for an antedate resulting in Service Canada opening a new EI claim with a new waiting period, the Plan will not pay this waiting period.

If a Member is denied by EI they must provide evidence from Service Canada when applying to the Plan.

6. If the Member qualifies for benefits, all of the forms are completed correctly, and the claim is approved by Carelogix, the Member will be provided a letter from Carelogix stating their approved disability period. PBAS will process the claim payment, which is typically made to the Member within one week. This process may be delayed if further information is required.
7. Members should contact their Carelogix Case Manager for an STD benefit extension under the Plan 3 weeks before the end of their EI period if they believe that they are still unable to return to work. They will be advised of what is required, and next steps by their Case Manager.
8. **PLEASE REMEMBER TO NOTIFY CARELOGIX AND PBAS WHEN YOU HAVE RETURNED TO WORK.**

HOW CO-ORDINATION WITH EI WORKS WITH SHORT TERM DISABILITY

1. The Benefit Plan will pay you up to the date E.I. benefits start, should you be approved.
2. E.I. will pay you for up to the next 26 weeks. Written proof of the date your EI started and ended must be sent to the Administrator along with the EI 26-week breakdown.
3. If you are still disabled, the Benefit Plan will pay you for the balance of the “Maximum Benefit Period” provided your claim is approved.

The “Maximum Benefit Period” (including E.I.) depends on your years of service with Maple Leaf Foods Inc.:

YEARS OF SERVICE	BENEFIT PERIOD
Less than 5 years	up to 26 weeks
5 years but less than 10 years	up to 39 weeks
10 years and longer	up to 52 weeks

For example, a Member has 8 years of service and is approved to go off on disability for their full STD period. The Member has not had another claim in the prior 52 weeks. The Plan would pay for the EI waiting period (1 week) following which the Member would go on EI for 26 weeks. After the 26 weeks on EI the Member would return to the Plan for the remaining 12 weeks. The Maximum Benefit Period for this Member would be 39 weeks (1 week Benefit Plan + 26 weeks EI + 12 weeks Benefit Plan).

LONG-TERM DISABILITY

Eligibility

Members become eligible for Long-term Disability (LTD) benefits after their completion of 12 calendar months of continuous employment.

Definition of Disability

To qualify for LTD benefits an Eligible Member must be unable to perform the duties of any occupation for which they are reasonably fitted by education, training or experience, or for which you may reasonably become qualified and be under the care of a licensed medical doctor licensed to practice in your home province.

Payment Amount

The Plan pays 66 2/3% of a Member's basic monthly earnings to a maximum of \$1,500 per month. This benefit is taxable, and the Member will be sent a T4A slip at the end of the year. This amount is reduced by any amount a Member receives for the same period of time, from any other source including, but not limited to, Canadian Pension Plan (CPP) Disability Benefits, WCB/WSIB, automobile insurance, and government programs.

Long-Term Disability Claim Procedure

1. If a Member is 6 weeks from the end of their "Maximum Benefit Period" for their STD claim and believe that they are still unable to return to work, they should contact their Disability Case Manager at Carelogix to inform them that they wish to apply for LTD benefits.

If a Member is eligible for WCB/WSIB or EI beyond their "Maximum Benefit Period" and has not previously submitted their EI 26-week breakdown from Service Canada to Carelogix they must do so when applying for LTD benefits.

2. If the Member is eligible to apply for LTD benefits their Case Manager will reach out to them by phone or email and provide them with any forms that need to be completed and/or request any medical required to assess if the Member qualifies for LTD benefits.
3. Members must apply for Canada Pension Plan (CPP) Disability Benefits. Payments will be withheld if written confirmation of proof of application to CPP Disability Benefits is not provided to Carelogix and PBAS within 45 days of the date they are approved for LTD benefits.

4. Members must provide the following documentation to PBAS in order for LTD benefit payments to commence:
 - Direct Deposit Form
 - Proof Of Age
 - Declaration Of Income
 - Service Canada – Insurer: Disability Benefits Retroactive Payment and Information Sharing Consent Form (must provide original with signatures in ink; PBAS will submit on Member’s behalf)
 - Written confirmation from Service Canada of the Member’s CPP Disability proof of application
 - As required, denial letter(s) from any other source of payment that the Member has applied (WCB/WSIB, automobile insurance, government programs, etc.)

5. Once all required documentation has been received by PBAS, LTD benefit payment will be directly deposited into the Member’s bank account on the last day working day of each month that the Member remains approved for the benefit.

6. If a Member is approved for CPP Disability Benefits they are required to inform their Case Manager and PBAS immediately. The CPP Disability Benefit payment amount will be deducted from the Member’s monthly LTD amount. Members may be required to provide documentation from Service Canada regarding the details of their approval.

A similar process is utilized for any other sources a Member may receive for the same disability period.

This document is intended to act as a general guide for disability benefits offered through the UFCW Union/Maple Leaf Foods Inc. Benefit Plan. In some instances, Carelogix Case Managers and PBAS Administrators may require additional information not outlined in this document. For further details regarding the disability benefits provided by the Plan please refer to your Plan Booklet.