

DISABILITY CLAIM DENIED

**What To Do When Your
Insurance Company
Denies Your Claim**



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No Fees Unless We Win Your Case.

INDEX

My Claim Has Been Denied...Now What?	4
About Disability Insurance	7
How Insurance Companies Look at Your Claim	11
What to Do When Your Claim's Been Denied	16
Case Study	17
Disability Denied Checklist	19
Case Study	24
Why a Lawyer Is Necessary	26
What You Can Expect from Share Lawyers	30
The 5 Biggest Errors to Avoid	32
Myths about Disability Insurance	35
Frequently Asked Questions	40
Appendix	43
About Share Lawyers	46



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MY CLAIM HAS BEEN DENIED

Disability insurance is a benefit most of us hope never to use. In reality, however, many of us do. In fact, up to 40% of Canadians will be disabled for 90 days or longer at least once before age 65. Circumstances, an illness, or an accident may leave us unable to work. It is a very stressful time. The average length of a disability that lasts over 90 days is 2.9 years.

If you find yourself unable to work, you may be wondering, “Why me?” You may also be asking yourself, “How am I going to cope?” You may be under the care of one or more physicians. You may be struggling with your day-to-day activities, such as getting to a doctor’s appointment or collecting a prescription from the pharmacy. You may even find getting out of bed to be difficult. If you are unable to work, you are most likely worried about financial responsibilities, such as making your mortgage payments and providing for your family.

Like most insurance products, disability insurance is marketed to you, the consumer, as an important safety net, one that should provide peace of mind. It provides financial support for an employee when that employee can no longer work. A self-employed businessperson or professional will often purchase a private disability policy that will pay them if they can no longer work.



Many people put a lot of faith in their disability insurance, believing it will be there for them should the unexpected happen. Yet, as you may have already discovered, the road to a successful disability claim can be long and arduous and can often lead nowhere.

If you are reading this booklet, chances are you may have a disability claim that has been denied. You may be unsure of your options and confused about what steps to take next. You may also find the process daunting. You may even feel jaded, perhaps ready to concede defeat. It's not surprising. The insurance industry is big business and a formidable adversary, which is why you need to both understand your legal rights and take advantage of the professional resources available to you. Most important, you should not presume, because your claim has been denied, that your claim is without merit. Share Lawyers has helped thousands of people in your situation secure benefits that were initially denied, and there's a good chance we can help you as well. Don't lose hope. There are a number of resources available to help you move forward with your claim.

To get you started, Share Lawyers has prepared this booklet to assist you as you prepare to take your next steps. Within, you will find invaluable information about disability insurance and the insurance industry, what to do when your disability claim has been denied, and how to select the law firm that is right for you. The intent of this booklet is to explain the necessary steps in successfully filing a disability claim and direct you to the help you deserve.



**"Professional, courteous and caring
is how I would describe Share Lawyers."**

- Laisha P.



ABOUT DISABILITY INSURANCE: WHAT IS IT & HOW DOES IT WORK?

In the event of an injury or illness leading to disability, our income is at risk. Disability insurance is marketed as a means of managing that risk. It is designed to offer a safety net and provide a source of income in the event you cannot work. Many employers offer short and long-term disability insurance as part of a benefits package. Disability insurance is designed to pay a portion of your income. Your level of coverage depends on your income and on what insurance is provided by your employer. There are many different types of policies available through many different insurance companies.

Individuals may also take out their own private disability insurance policy – if they are self-employed, for example. In fact, many professionals benefit from purchasing their own private disability insurance policy, including doctors, accountants, lawyers, architects, business owners, and dentists. Disability insurance offered by an employer is structured such that the risk of making a claim is spread across a group of people. Private policies generally cover an individual and thus are more expensive. If you are a professional covered under your own disability insurance policy, the added stress of feeling on your own, as well as maneuvering through the red tape to file a disability claim, can prove even more daunting.

Private disability policies in Canada pay benefits after the expiration of a waiting period of usually between 30 and 90 days, or longer, depending on the particular policy. Many private policies provide for long-term benefits in the event that the policyholder is totally disabled from their own occupation. For younger policyholders, it can be even more difficult to get insurance companies to agree to long-term disability benefits due to the high cost of paying benefits over their working life.

Many cases are resolved by negotiating a lump-sum settlement as both the policyholder and the insurance company prefers to end their ongoing relationship in exchange for a mutually agreeable compromise.

The notion of insurance is far from novel and has its roots in a bygone era when British and Italian merchants needed to protect their ships against the threat of bad weather, pirates, and poor navigation. The core concepts of insurance remain largely unchanged and are relatively uniform across the industry. Within an insurance company there are several departments, including underwriting and claims.

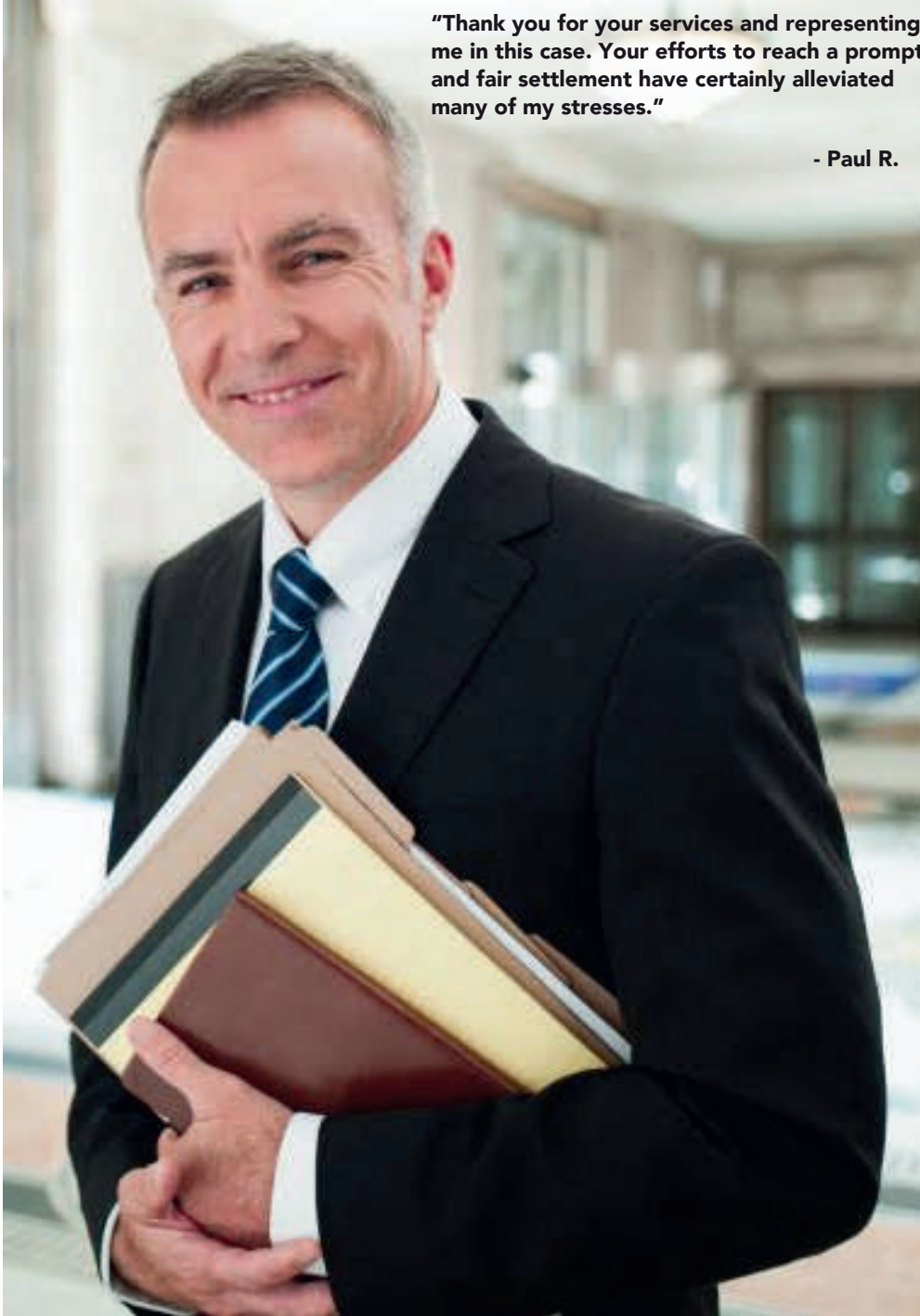
An underwriter decides whether applications for insurance coverage (risks) should be accepted and on what terms. In the disability insurance market, an underwriter assesses risk according to the likelihood of an employee becoming disabled, and assigns a dollar value to that risk in the form of an insurance premium. That premium is calculated by weighing a number of factors and asking for detailed information from prospective clients (employers).



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"Thank you for your services and representing me in this case. Your efforts to reach a prompt and fair settlement have certainly alleviated many of my stresses."

- Paul R.



An insurance company operates under the assumption that premium dollars paid by its insured, or “policyholders,” and the return on its investments from those premium dollars, will be greater than claims incurred (money paid out) and expenses.

If you have filed a disability claim, you will most likely be familiar with your claims adjuster, sometimes referred to as a claims analyst. A claims adjuster generally determines the extent and validity of claims. He or she assesses liability and negotiates any payments paid out by the insurance company. Claims adjusters are responsible for managing and controlling claims costs.

They manage the process of dealing with a claim when it is first made and follow it through. Thus, the claims adjuster is normally the representative at the insurance company with whom the individual filing a disability claim is most familiar.

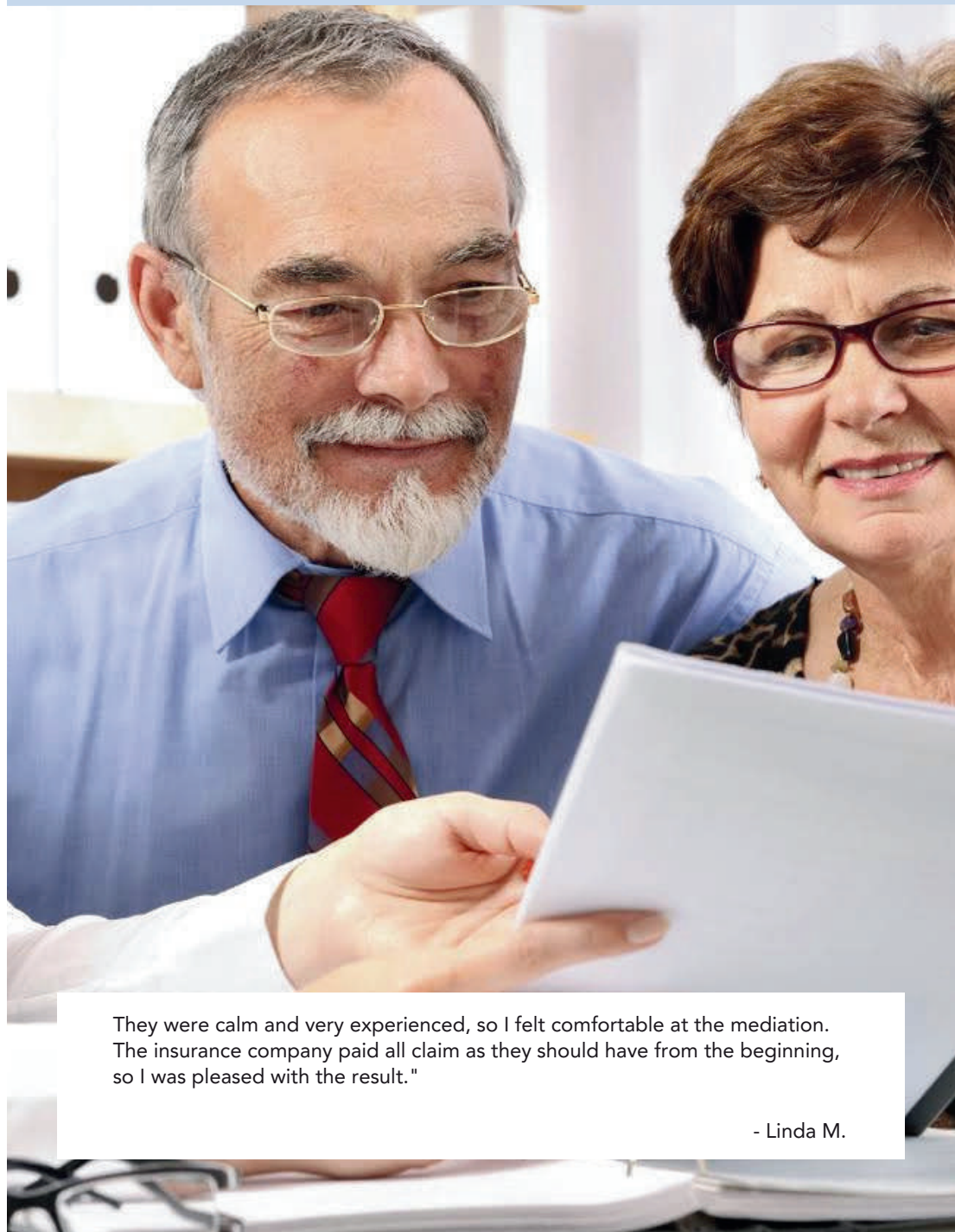
It’s important to remember that claims adjusters are not on your side. Their main objective is to make sure they pay you as little as possible for your claim or find an excuse to deny it outright. A legal professional with experience working with insurance companies can assess what you are entitled to and work directly with the insurance company to secure those benefits for you. Steps for seeking out and selecting the right legal professional for your situation are covered later in this booklet.



HOW INSURANCE COMPANIES LOOK AT YOUR CLAIM

As we've already seen, insurance companies operate under a business model that involves underwriting risk (placing a dollar value on your risk of becoming disabled and filing a claim), taking in premium dollars from its policyholders (you or your employer), investing those dollars, and, when necessary, paying out on claims made on its policies. For the insurance company to prosper, or even stay in business, it must maximize premium dollars and return on investments while minimizing the cost of claims. While insurance companies, like any other company, incur business expenses, such as the cost of reinsurance (insuring themselves), rent, salaries, computer equipment, and supplies, its major outflow is claims payments and expenses associated with defending claims (legal and other expenses).

Insurance companies operate in highly competitive markets, and it is not uncommon for insurance companies to pull out of an unsustainable or unprofitable market. In essence, insurance companies cannot make a loss for any considerable length of time. Thus, insurance companies vigorously manage their claims process and pay out on as few claims as possible. Insurance fraud is a relatively common crime and, understandably, insurance companies wish to protect themselves as much as possible against it.



They were calm and very experienced, so I felt comfortable at the mediation. The insurance company paid all claim as they should have from the beginning, so I was pleased with the result."

- Linda M.



Insurance fraud can involve individuals filing a bogus claim, giving false information to the insurance company, exaggerating damages, and falsifying evidence. As you would expect, insurance fraud jeopardizes the profitability of an insurance company and could make it difficult for an insurance company to sustain its risks, which is why insurance companies look at everything as potential fraud.

To control claims and combat fraud, insurance companies operate defensively, with a strategy far from the best interests of you, the claimant. Policies are written with clauses, subclauses, limitations, and exceptions. When the terms of a policy are ambiguous, they will inevitably err on the side of the insurance company. Claims adjusters are responsible for verifying the validity and acceptability of claims. These professionals are trained to control claims. A claims adjuster who is paying out on too many claims is simply not performing and could jeopardize his or her job. Many insurance companies do not have training manuals for their claims adjusters, preferring instead that they learn on the job. It has been suggested that this is because it would be risky to put down on paper what is supposedly the shady side of their business, namely, that adjusters are encouraged to deny claims.

To combat fraud, insurance companies routinely hire investigators to monitor disability claimants, which can include physically following them during their daily activities. The result of this surveillance can be used to make cursory decisions on whether the claimant could perform their job if they were back at work.

They also hire their own independent medical examiners (IMEs) to improve their chances of obtaining a medical evaluation in their favour, one that ultimately means your claim may be denied.

The result of this vigorous defense of claims is that processing of disability claims can be unduly lengthy, complicated, and overly burdensome on individuals who may be already overwhelmed by daily activities in the face of an injury or major illness. Efforts to control claims and combat fraud have created overwhelming amounts of paperwork, requests for information, delays, and unfair denials.

Trust in the Canadian insurance industry has fallen dramatically. The defensive tactics of the insurance company have created an uneven playing field, in which the average claimant, inexperienced in the process of filing a disability claim, is pitted against a powerhouse opponent. These tactics have the potential to create an adversarial relationship and can lead to frustration and aggravation, exacerbating an already difficult time for an injured or ill worker. The next section details next steps you should take to limit that frustration and successfully secure the benefits you deserve.



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"Outstanding! – Share Lawyers was absolutely fantastic!
Very helpful – Always available for questions or any help! 2000%!!
They got me a settlement beyond any expectations! I will recommend
Share Lawyers without the slightest reservations to anyone facing
the same difficulties I encountered with any employer and insurance
company!"

-Alian T.

WHAT TO DO WHEN YOUR CLAIM HAS BEEN DENIED

If you have filed a disability claim and it has been denied, you are probably unsure of what to do next. Keep in mind that simply because your claim has been denied, this does not mean it is invalid. In fact, denying a disability claim is a commonly used tactic. While private insurance companies are tight-lipped about their claim-denial rates, government data offers an insight into the prevalence of the phenomenon. For example, most initial applications to the Canada Pension Plan (Disabilities Section) are not accepted. In fact, in a single year, 57% were rejected. Anecdotal evidence from many disability insurance claimants suggests a similar pattern in private insurance companies.

Denial of your disability claim should not be seen as the end of the road for you or your claim. You may feel disheartened, but you should by no means abandon your claim. It's encouraging to know that workers with every conceivable injury or illness, from all walks of life, have had disability claims denied. These include physicians, dentists, engineers, lawyers, and even insurance professionals. These individuals were unable to do their jobs and forced to use their disability insurance, only to find their claim was denied.



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CASE STUDY

Let's look at the case of Robert, a successful dentist with many years of experience. Robert had built his own practice from the ground up. He had a family to support and had financial responsibilities. Robert was concerned about the possibility that someday, due to unforeseen circumstances, he might not be able to work. He shopped around for disability insurance and was lured by seductive advertisements featuring eager claims adjusters at large insurance companies promising "security" and "piece of mind." He took out his own disability insurance policy and reassured his spouse that, should he become unable to work, they were "covered."

Many years later, Robert was diagnosed with Parkinson's disease. His family was devastated. Robert knew his income was in jeopardy because of the nature of his work. Once the symptoms of Parkinson's disease began to show, Robert was unable to do his job, and the symptoms only got worse.

The process of filing a disability claim on his insurance was far more burdensome than Robert had anticipated. He was asked to provide employment records and medical information, and had to consent to an independent medical examination. Months passed. He left endless voicemails but rarely received a call from his claims adjuster. In addition to managing his illness and his family affairs, Robert was weighed down by financial concerns. Finally, the bombshell hit. Having put his faith and premium dollars into disability insurance for all those years, his claim was denied.

After the initial shock, Robert contacted Share Lawyers, who specializes in disability claims. Share Lawyers already had many cases against Robert's insurance company, and they were able to fight on his behalf. They understood the many provisions and limitations of Robert's policy, knew the maximum benefits that Robert could seek, and took every step to secure them. When his case was heard at mediation, a lump-sum settlement was negotiated in Robert's favour, allowing him and his family to pay their debts and move on with their lives.



4 STEPS TO TAKE WHEN YOUR CLAIM HAS BEEN DENIED

If your disability claim has been denied, there are several steps you should take:

1. **Return to your specialist**
2. **Make a claim to the Canada Pension Plan**
3. **Apply for Provincial Disability Support Program Income Support**
4. **Hire a lawyer**

1. Return To Your Specialist

You may find that your specialist has not provided enough medical information for your claim to be successful. In many cases, claimants will find that their primary care physician has written a detailed letter but the specialist, for whatever reason, has written a very short report. The specialist may have made some one-line entries on a form. This general does not suffice for the purposes of making a disability claim. You should request from the specialist more detailed information that specifically addresses the issue of why you cannot work so that you may then submit this information to the insurance company. If your claim has been denied, the insurance company may have already indicated that they will be willing to review new medical information that may give them reason to reconsider your claim. You should know what to ask for, and your specialist should be aware of the type of information needed and how to write the report.

It is appropriate and acceptable to pay physicians to write a detailed report for you. For a physician who is managing a heavy patient load, payment could be the motivating factor to write a detailed report with lengthy descriptive paragraphs detailing the extent of your illness, rating your pain level, or addressing physical limitations and restrictions you may be experiencing.



Your insurance company may have outlined the information it needs. A “laundry list” from your insurance company of information they wish to see addressed, while it is no guarantee that your claim will be approved, is a helpful tool and can help you communicate to your specialist exactly what information is required.

You may find it difficult to get an appointment to see your specialist in a short period of time. Your insurance company may give you six weeks to forward the relevant information from your physician, but you may discover you cannot get an appointment with your physician for three months. It is important to keep the channels of communication open. You should communicate your time constraints to the physician and, if the window of time offered by the insurance company is not enough, ask for an extension.

2. Make A Claim To The Canada Pension Plan

Canada Pension Plan (CPP) disability benefits may be available to you if you have made enough contributions to CPP. The CPP disability benefit is administered by Social Development Canada (SDC), a federal government department. The CPP definition states that a disability has to be both “severe” and “prolonged,” and must prevent you from being able to work at any job on a regular basis. Applying for CPP disability benefits may strengthen your case.

The SDC estimates that it may take three months for you to find out if your application for a disability benefit has been accepted. This time frame is shorter for terminally ill applicants. The Plan does not pay short-term benefits or partial disability benefits.

You can obtain the Application for Disability Benefit online at <https://www.canada.ca/en/services/benefits/publicpensions/cpp-disability-benefit/apply.html>. If your application for a CPP disability benefit is not granted, there are three opportunities for you to have your application reviewed or reconsidered.

Note: Remember to keep a copy of your application and to ask your doctor to keep a copy of the medical report submitted on your behalf.

3. Apply For Provincial Disability Support

You should also find out if you are eligible for Provincial Disability Support Program income support. These programs provide financial assistance to eligible people with disabilities. To meet the requirements, you must qualify financially and have a "substantial physical or mental impairment that is continuous or recurrent and is expected to last one year or more." More information is available; search for "[Your Province] Disability Support Program" (e.g., "BC Disability Support Program," "Alberta Disability Benefits") and look for a government website for your information.



4. Hire A Lawyer

Upon notification that their insurance company has denied their disability claim, many claimants fail to take action. Some may believe their options have been exhausted; others may be tired and simply ready to concede to defeat.

It is important to know your rights, what options are open to you, and what resources are available. You should be aware of and understand your policy's many provisions, such as waiting periods, pre-existing conditions, financial entitlement, time and other limitations, and the maximum policy benefit. Your policy's provisions will be lengthy and deliberately complex.

The best way to ensure that you understand your rights and obligations is to seek the help of a lawyer experienced in the area of disability insurance. A lawyer can level the playing field and successfully navigate the complex policy roadblocks the insurance companies intentionally put in your way.

Without a lawyer, claimants are at the mercy of their own limited knowledge.

CASE STUDY

Let us consider the case of Tom, a warehouse supervisor for a major supermarket chain. Tom was working on building a deck at home when he wrenched his neck lifting a heavy beam. He opted not to go to the emergency room, as he couldn't detect any injuries. Two days passed, and Tom began to feel sharp pain in his neck. He rested at home for a day but was conscious of his job responsibilities and returned to work the next day. Over the next three months, the pain in Tom's neck became more frequent and severe.

His physician sent him to a specialist, who, while concurring that Tom had considerable neck pain, was unable to pinpoint the source of the problem. Eventually, the pain got so bad that Tom could no longer do his job, so he filed a disability claim.

As is often the case, Tom was surprised and disappointed to discover that the claims process was tedious. He forced himself to go to his doctor appointments and independent medical examinations. He contacted his current and a previous employer for his employment records when his insurance company requested them. Tom began to wonder if he had made the right decision by going it alone. He considered contacting a lawyer, but was concerned about the cost, as his financial situation had deteriorated considerably.

One afternoon, Tom called his insurance company and pleaded with the claims adjuster to move on his disability claim, stating that he had now been off work for six months and had no money to support his family.



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Without thinking his actions through, he told the claims adjuster he was already looking for another job. He felt that if he minimized the claim, he could start to receive some income. The move proved disastrous. From that point forward, Tom was reminded by the insurance company that he himself had stated he was fit to return to work. He was getting nowhere.

Tom was surprised to find that lawyers experienced in disability, such as Share Lawyers in Toronto, often operate on a contingency basis and charge no fees until a settlement is reached. This good news gave Tom confidence to further pursue his claim. With the help of Share Lawyers, Tom was awarded a settlement that not only paid his expenses but left him in a financial position that enabled him to focus on what was most important: getting better.

Lawyers experienced in the area of long-term disability can help you get the most out of your policy's many provisions, Your monthly benefit amount, deductible or waiting period, tax status of the benefit, guaranteed renewable, maximum policy benefit period, pre-existing condition limitations, time limits, and policy exclusions are just a few of the provisions an experienced lawyer will thoroughly explore. The provisions and limitations of disability insurance policies are deliberately lengthy and complex. In order to obtain the maximum benefit allowed, it is crucial to find a law firm like Share Lawyers experienced in the area of disability.

Why A Lawyer Is Necessary

Faced with a notification from your insurance company that your claim has been denied, you may be wondering if you need the help of an experienced lawyer. You may be wondering when a lawyer is absolutely essential. There are several scenarios that would indicate that a lawyer should now handle your case. As we move through this section, you should keep in mind that virtually all disability claims can benefit from the expertise of a lawyer experienced in the area of disability insurance. Further, you may be surprised to find that many lawyers in this area, such as Share Lawyers, operate on a contingency basis, which means there are No Fees unless a settlement is reached and money has been recovered from your insurance company.

The Corporate Giant

An experienced lawyer can guide your claim past the many hurdles presented in the claims process. As we have already discussed, there are many provisions and limitations included in your policy. Make no mistake; you are pitted against a corporate giant with an arsenal of legal weapons at its disposal. When you secure the assistance of a lawyer, you give yourself and your claim a fighting chance. Only an experienced lawyer can successfully negotiate the maximum settlement you deserve.



Time Restraints

Long-term disability insurance claims are subject to time limits; thus, if it has been close to a year since you were denied, you should contact a lawyer.

You may simply feel that you have exhausted all of the options open to you and are not sure what to do next. An experienced lawyer can help you navigate these uncharted waters and secure the maximum settlement. Many claimants reach a point at which all of their time must be dedicated to overcoming their disability. The best move that these claimants can make is to find an experienced lawyer who can fight on their behalf.

Benefits Ending

If you are notified by the insurance company that your benefits will soon end, you should immediately seek the help of an experienced lawyer. There are a number of reasons insurance companies may justify ending your benefits. Here are a couple of examples. Under most group Long Term Disability (LTD) policies, disability payments are made during the initial assessment period if you are unable to perform the essential duties of your own occupation. Most often, this period is for 24 months, although it differs from one policy to the next. If you have been receiving LTD benefits and are approaching the end of the own occupation period, you may face a termination of your benefits based on a change of definition.

The change of definition is usually referred to as a transition from an own occupation definition to an any occupation definition. Typically, this means that in order to qualify for LTD benefits in the any occupation period, you must be totally or substantially disabled from the duties of any occupation for which you have the requisite education, skills, or experience. **Many people are eligible for benefits until age 65 or beyond.**

In addition to a change of definition, insurance companies often cite transferable skills as an adequate reason to no longer pay LTD benefits. Although your illness/injury prohibits you from performing the duties associated with your job, the insurance company may determine that you can handle sedentary work. In other words, they look at your education and prior experience and decide that you can probably perform a number of alternative jobs that would pay you enough to eliminate any ongoing LTD claim. Some favoured sedentary jobs include customer service representative, call centre operator, and parking lot attendant.

Just because your schedule of disability payments from the insurance company is coming to an end doesn't mean you have run out of options. You may be entitled to an extended period of benefits, and Share Lawyers can advise you on how to go about securing them. Our lawyers will fight for your disability insurance benefits with aggressive legal maneuvering and strategic planning. If you have a long-term or partial disability claim and have been denied benefits, find out what Share Lawyers can do for you.



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"I would like to say you are doing a great job, you are always fast to help and answer email questions. Really helps eliminate any stress. Keep up the great work, you're wonderful." - Joe S.



**SHARE LAW
GUARANTEE**

No Fees Unless We Win Your Case.

WHAT YOU CAN EXPECT FROM SHARE LAWYERS

Choosing a disability lawyer can be one of the most important decisions you will ever make. It is crucial that you hire a lawyer who will set realistic expectations and follow through on every single one. When you become a Share Lawyers client, there are five things you can expect:

Great Communication

Great communication between you and your disability lawyer is essential to the success of your claim. Share Lawyers assigns a client services lawyer to every client to ensure that someone is always available to answer your questions, communicate clearly what to expect, and keep you abreast of what's going on with your claim.

Empathy

At Share Lawyers, our first priority is building a good rapport with our clients so they feel comfortable sharing personal details about their lives and their cases. Such openness leads to trust and helps us build the strongest case possible. We understand your needs and will do everything within our power to make sure they are met.

Experience

In order to obtain the maximum benefits for you, your lawyer must have experience in the area of disability law and credibility in the industry, as well as be willing to guide you through every step of the process.



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At Share Lawyers, we submit a statement of claim as soon as the appropriate information has been gathered, provide reminders to apply for Canada Pension Plan and Provincial Disability Support Program, and guide our clients through discovery, mediation, and trial. With Share Lawyers on your side, you'll never stand alone.

Results

It's vitally important that your lawyer finish what they start. Share Lawyers understands that your future well-being and the well-being of your family may depend on the outcome of your case, which is why we will never abandon you. We take great pride in every client who looks to us for help, and we will never take that trust for granted.

Share Law Guarantee

You should never have to pay legal fees unless your lawyer secures benefits for you. Share Lawyers operates on a contingency basis, which means you owe us nothing unless we win your case. That's the Share Law Guarantee. When choosing a lawyer, we believe the last thing you should have to worry about is how you will pay for it. With the Share Law Guarantee, you can rest assured that your case is moving forward without costing you anything upfront. Winning your case means recovering money for you either by way of settlement or by obtaining a judgment at trial.

THE 5 BIGGEST ERRORS TO AVOID

As we have already seen, the process of making a disability claim and following it through to settlement can be a minefield for the unsuspecting, inexperienced claimant. Many claimants contact a lawyer after their claim has been denied or their benefits have been discontinued.

Lawyers at Share Lawyers have a wealth of experience in disability claims and have successfully handled hundreds of disability claims on behalf of their clients. In this section, David Share and his associates disclose some of the common errors that can lead to a delay or even denial of your claim.

1. Exaggerating Your Symptoms

The denial rate for disability claims among the private and public sectors has received considerable publicity. In an effort to jump-start your claim or give it some extra punch, there could be a temptation to exaggerate the symptoms of your disability on the claim form. You may have had your disability for some time and fear that your claims adjuster will not understand why you cannot work. Your pain may be intermittent, and you may fear that the insurance company will not understand that this prevents you from working.

Exaggerating your symptoms can ultimately lead to your claim being denied.



It is important to remember that your claims adjuster and your insurance company have years of experience handling disability claims, and they are eager to weed out what they consider “invalid” claims. Exaggerating your symptoms could result in your claim reaching the “invalid” file.

2. Understanding Your Disability

It is very important that your doctor conduct a thorough medical examination and refer you to the appropriate specialist. Your doctor should be the one to make an assessment of your disability and provide specific information about why you cannot work. With this in mind, it is crucial that any medical information you give to your insurance company be complete and accurate. You may be tempted to understate your disability in the hopes that a smaller claim may prompt your insurance company to start disability payments. However, any information you provide about your disability will be used to make a decision on your claim, so that information should be accurate and supported by your doctor’s findings.

3. Waiting Too Long To Hire A Lawyer

The value of seeking the help of a lawyer experienced in the area of disability law cannot be overemphasized. Many claimants feel overwhelmed, as most of their energy is spent trying to overcome their disability. It is understandable that they work involved in filing a disability claim might come much further down on your priority list. Waiting too long to involve a lawyer in your claim may make the process even longer and more drawn out.

It is always better to find an experienced lawyer and involve them at an early stage. In addition to moving your claim along more smoothly, a lawyer can also advise you on other resources that are open to you.

4. Failing To Put Faith In Your Lawyer

Most experienced lawyers welcome the input and active participation of their clients. However, a claimant who fails to give their lawyer room to maneuver in order to successfully follow their claim will ultimately run into trouble. It is important to appreciate the value of an experienced lawyer when it comes to following a disability claim through to resolution. A good lawyer can add that experience and make the process easier for you only if you put faith in your lawyer and allow them to do what they do best.

5. Giving In

If you cannot work due to a disability and have already gone through the arduous claims process only to find your claim is denied, you may feel you are ready to admit defeat. As we've already seen, many disability claims are denied when first submitted. Individuals with no experience with disability claims can, understandably, feel intimidated by large insurance companies and overwhelmed by their claims process. Many experienced lawyers acknowledge that these feelings are a strong indicator that it is a good time to find a lawyer. A lawyer who has experience with disability claims can help level the playing field. The bottom line is that you shouldn't give up. Perseverance may yield results. If you feel you cannot do it alone, seek help from a professional.



MYTHS ABOUT DISABILITY INSURANCE

When it comes to disability insurance, myths and half-truths abound. If you have a claim that has already been denied, you have already discovered many of these myths during the claims process.

MYTH 1: Disability insurance will automatically pay

MYTH 2: If my doctor says I can't work, the insurance company will approve my disability claim

MYTH 3: I don't have enough money to hire a lawyer

MYTH 4: I will never get my benefits. It will take forever

MYTH 1:

Disability insurance will automatically pay you in the wake of an illness or an accident. Many individuals are surprised to learn that their claim may take many months, during which time they have no source of income. Many find that after several months have gone by, their claim is denied. The truth is, many claims are denied when they are first submitted, both in public insurance programs and in private policies. Experienced legal professionals at Share Lawyers recommend that anyone whose disability claim has been denied should not give up.

MYTH 2:

If my doctor says I can't work, the insurance company will approve my disability claim. Again, the many provisions and limitations on your insurance policy may give the insurance company a reason to deny your claim. Good documentation from your doctor that focuses specifically on why you cannot work will help your claim along, but it is no guarantee it will be approved. A good lawyer will not let policy provisions and limitations keep you from getting the benefits you are entitled to.

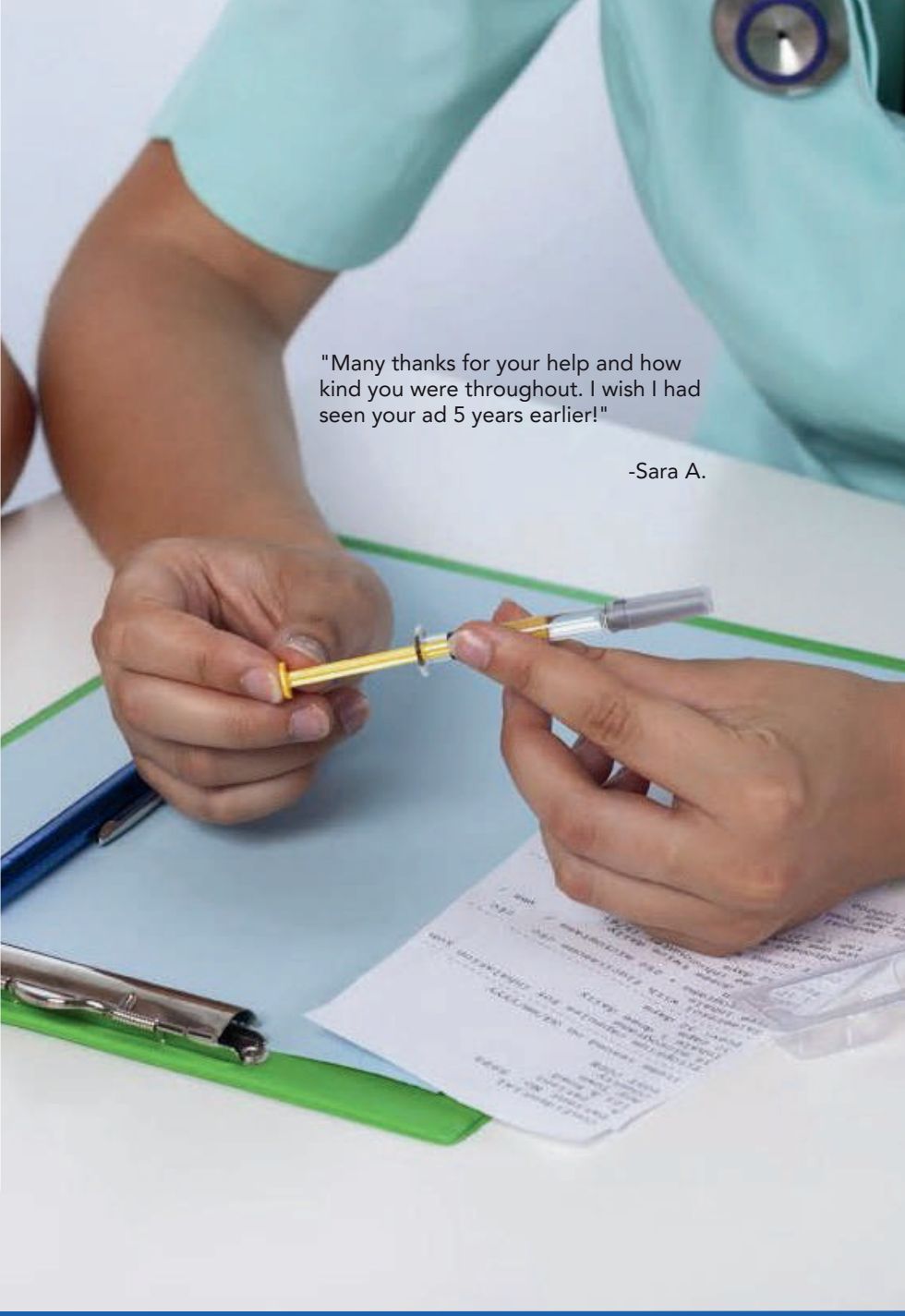


MYTH 3:

At a time when you cannot work and have many bills, it is understandable that you have financial concerns, but this should not prohibit you from hiring an experienced lawyer. Share Lawyers offers every client the Share Law Guarantee, which means we won't charge a fee until your claim has been settled. With no financial risk, you can move forward with confidence.

MYTH 4:

I will never get my benefits. It will take forever. Experienced legal professionals like those at Share Lawyers know how to move your claim along to resolution. Insurance companies try to delay and put up hurdles that you are not familiar with, but our lawyers know how to combat these tactics and get results quickly.



"Many thanks for your help and how kind you were throughout. I wish I had seen your ad 5 years earlier!"

-Sara A.



FREQUENTLY ASKED QUESTIONS

IF MY CLAIM HAS BEEN DENIED, WHEN SHOULD I GET A LAWYER INVOLVED?

You should contact a disability claim lawyer as soon as the insurance company denies your claim. Your lawyer can advise you on whether it is prudent to appeal the decision or proceed with legal action.

HOW MUCH IS MY CLAIM WORTH?

As with many of the policy-specific questions, the best way to answer this question correctly is to seek the help of an experienced lawyer. Disability insurance is intended to pay a portion of your income. Your policy will contain many provisions and limitations, which an experienced lawyer can help you understand.

HOW MUCH DOES IT COST TO HIRE A DISABILITY LAWYER?

If you find a lawyer who is willing to take your case on a contingency basis, there will be no fees or disbursements until the claim has been settled.

HOW LONG DOES IT TAKE TO SETTLE MY CLAIM?

It is difficult to say exactly how long your claim will take, as each claim is dealt with on an individual basis. You should be aware, however, that in order to move to a resolution, it may take a year to settle your claim.

LOOK AT WHAT THEY'VE PUT ME THROUGH! CAN I RECOVER BAD FAITH DAMAGES OR PUNITIVE DAMAGES?

If your claim has taken a long time to reach settlement, you may well be experiencing frustration, anger, and other troubling emotions. You may wonder if you can recover monetary compensation for this stress in the form of pain and suffering or other types of damages. Canadian law, as it relates to aggravated, consequential, and punitive damages, is still very much in its infancy. The reality is that in the vast majority of cases seeking such types of damages, those claims are dismissed. On rare occasions, a very modest amount is awarded. An experienced lawyer can guide you so you understand what you should expect and your chances of recovering bad faith damages at trial.

WHAT ARE DISCOVERIES?

Discovery is a term given to the process of gathering evidence and information prior to trial. In disability claims, discovery is usually an oral question and answer session that is recorded and taken under oath.

WHAT IS MEDIATION?

Mediation is a more formal, structured process of negotiation that tries to settle your claim through the active participation of a third-party mediator. The mediator works to find points of agreement and help both parties come to a mutually agreeable settlement. The mediator helps to outline strengths and weaknesses in each party's case and helps to keep the parties talking. However, mediation does not always result in a settlement.



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WHAT IS A PRE-EXISTING CONDITION?

A pre-existing condition is a term used by insurance companies to describe a medical condition that existed prior to your disability insurance coverage. For example, if you cannot do your job because of asthma or diabetes, your insurance company may argue that your asthma or diabetes existed prior to your coverage and attempt to deny your claim. If your claim has been denied because of a pre-existing condition, you should contact an experienced lawyer.

MY FRIEND IS A REAL ESTATE LAWYER. CAN SHE MANAGE MY DISABILITY CLAIM?

The many provisions and limitations surrounding disability can be quite complex. Only a lawyer experienced in the area of disability insurance can obtain the maximum insurance companies; a handful of giant insurance companies have the majority of the market share. To take on one of these major insurance carriers, your lawyer must have credibility that can only come with experience in this area of the law.

CAN I PAY MY DOCTOR TO WRITE A MEDICAL REPORT FOR ME?

Yes. It is lawful for a doctor to accept payment from you to write a detailed report. The report should be written by your own doctor or a specialist your doctor has referred you to. When handling your claim, Share Lawyers will pay for all medical reports related to the case.

CAN I MAKE A CLAIM ON MORE THAN ONE DISABILITY INSURANCE POLICY AT THE SAME TIME FOR THE SAME DISABILITY?

Yes. You may be covered under more than one disability insurance policy. You can make a claim on each of these. However, they may still deny your claim.

IS THERE A TIME LIMIT ON MY CLAIM?

There is often a time limit contained in the disability insurance policy provisions. You should refer to these provisions and/or contact a lawyer if you have not already done so.

CAN I RETAIN A LAWYER IF I AM A UNIONIZED EMPLOYEE?

Most collective bargaining agreements do not include a copy of the insurance policy. In many cases, we can assist you with your denied claim even if you are unionized. Contact a disability lawyer who can review this complex area.



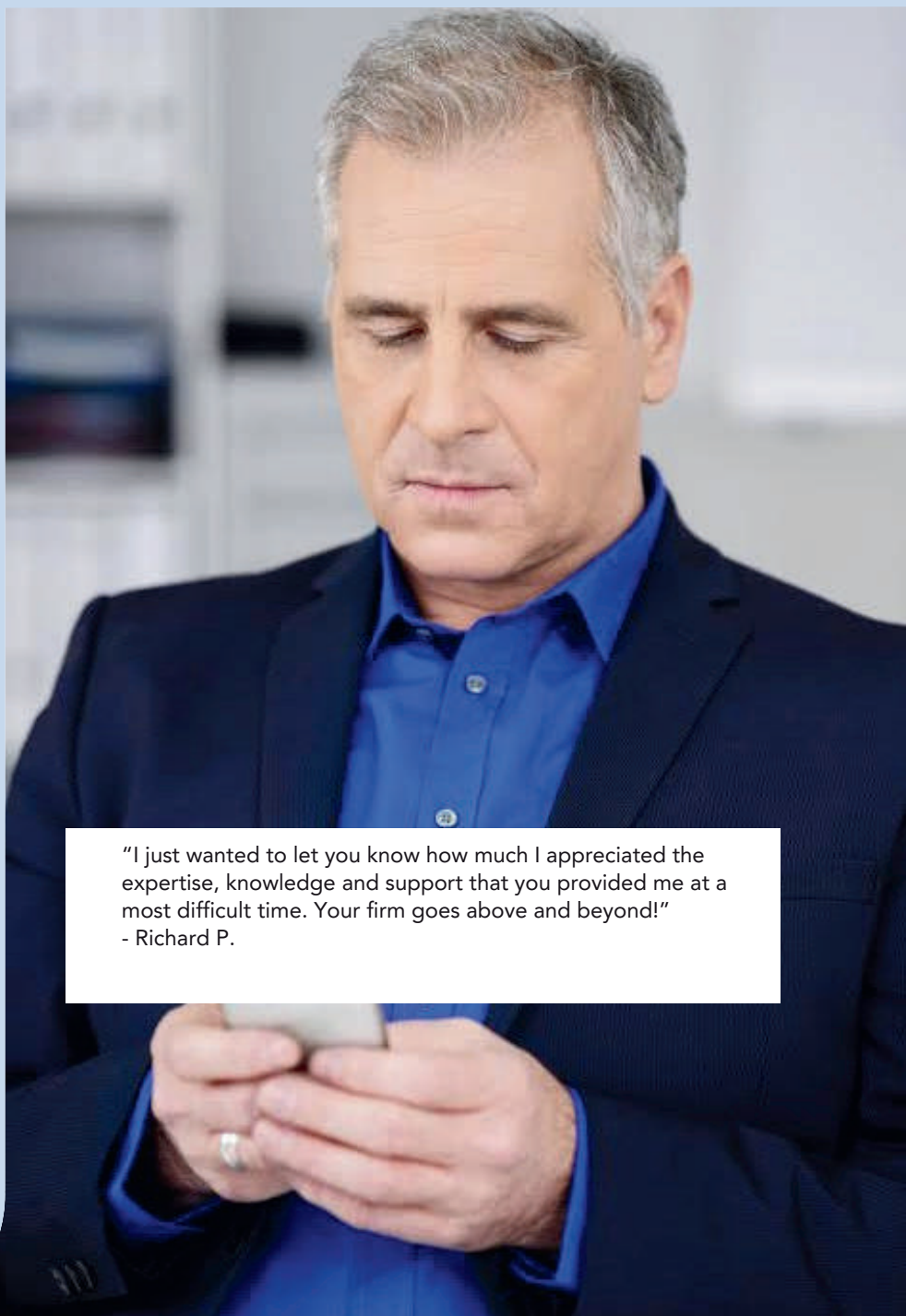
APPENDIX: ABOUT THE INSURANCE INDUSTRY IN CANADA

Canada's life and health insurance companies rank third among the country's entire financial industries. There are some 117 life and health insurance companies in Canada today, many of which offer disability insurance. If you are feeling overwhelmed by the size and power of your insurance company, your feelings are justified. Five insurance companies represent over 54 percent of the domestic market in terms of premiums and 57 percent in general assets. What this means is that a very small number of insurance companies control a majority of the market, which is bad news for consumers.

Total revenue for the life and health insurance sector was roughly \$75 billion in a single year. Approximately two-thirds of this amount was from premium income; the remaining third was from earnings on investments. Accident and sickness insurance, including disability insurance, comprised 22 percent of total premium income.

The federal and provincial governments share jurisdiction over life and health insurance companies. In practice, the sector is largely regulated for financial soundness by the federal government.

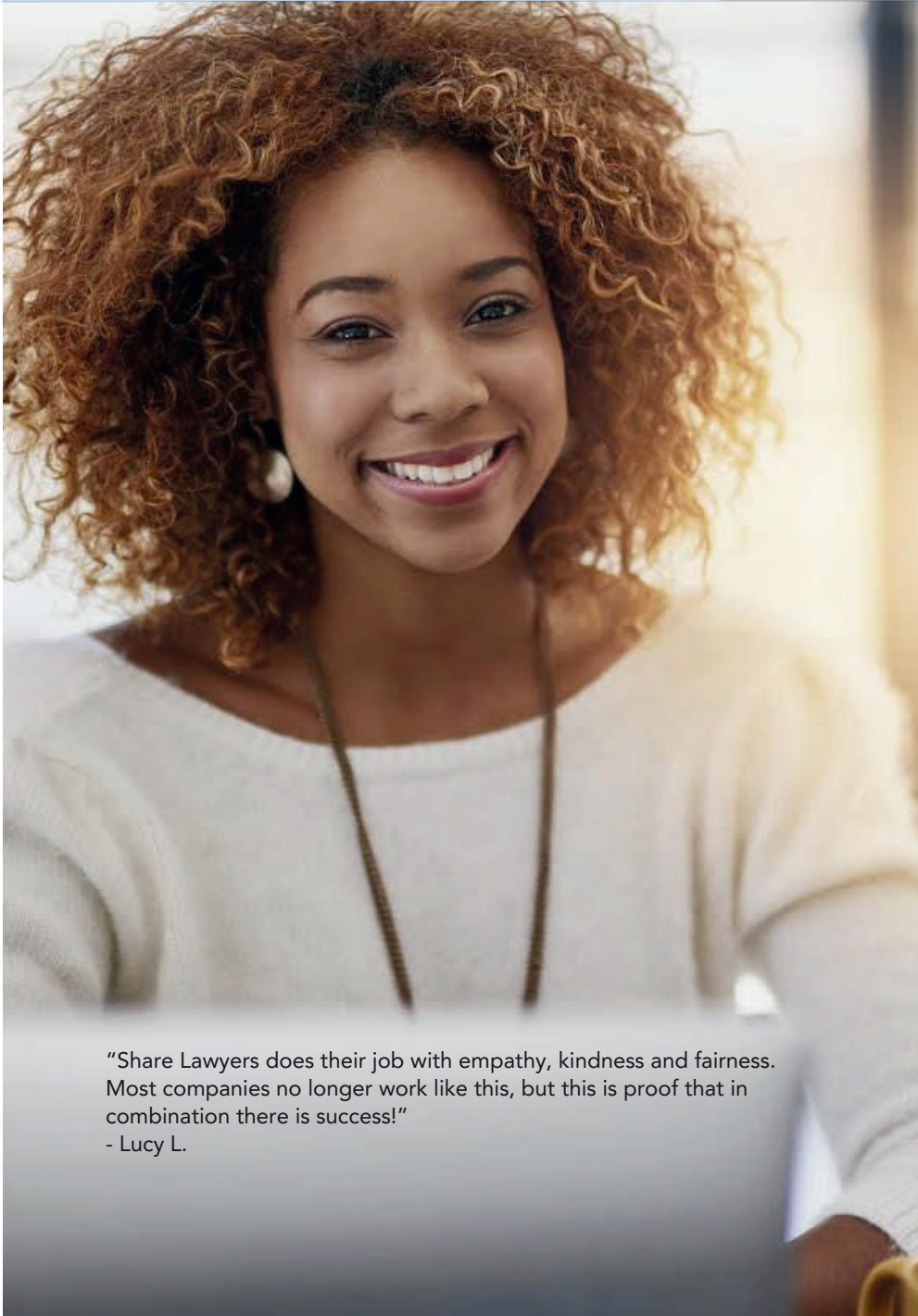
Information adapted from Department of Finance, Canada, "Canada's Life and Health Insurers," Updated version (August 2001).



"I just wanted to let you know how much I appreciated the expertise, knowledge and support that you provided me at a most difficult time. Your firm goes above and beyond!"
- Richard P.



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"Share Lawyers does their job with empathy, kindness and fairness. Most companies no longer work like this, but this is proof that in combination there is success!"

- Lucy L.

ABOUT SHARE LAWYERS

Since 1987, Share Lawyers has provided top-quality representation in the areas of disability insurance litigation. Great client service is a guiding principle at Share Lawyers. The entire team of lawyers, law clerks, and legal assistants show compassion and empathy to all their clients and will pursue your claim through to its conclusion.

If you have been denied your long-term disability benefits, you need excellent legal representation. Share Lawyers is the leading law firm in Toronto for disability claims and has both the experience and expertise you deserve.

Long-term disability insurance claims are subject to time limits, so don't wait. Call Share Lawyers today at 1 (888) 777-1109, or visit www.ShareLawyers.com for more information.

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