HOW TO APPLY FOR SHORT OR LONG TERM DISABILITY BENEFITS

A Guide for the Recently Disabled



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SHARE LAW
GUARANTEE

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INTRODUCTION

You and your doctor have recently determined that you can no longer work due to a disabling illness or injury.

For most, this realization comes as a wrenching shock even if their health has been steadily declining for years. And because your self-image is tied to being a productive person, no longer being able to work is difficult news to accept. Not working means a complete change in your way of life. And of course you still need a means of support. The hydro company and the mortgage company will insist that you keep current with your financial obligations.

The purpose of this booklet is to help you understand what's ahead and to give you the best chance to have your disability claim accepted by your insurance company. We have helped many disabled Canadians to adjust and move on to live happy fulfilled lives. Some recover partially or completely and rejoin the work force. Others are not so lucky and depend on disability insurance for the long term.

Whether it is long or short term disability you need, you want to make sure that the benefits flow to you with minimum delay. And, when and if there is a delay, you will want it resolved as quickly as possible so that you can focus on healing and getting on with your life.

This booklet will show you what you need to do to have the best chance of having your claim accepted as quickly as possible. Even with the best preparation, it does not always happen as you planned.

You need to prepare yourself for a possible rocky road ahead.

SO YOU CAN'T WORK. WHAT NOW?

Learning that your disability will not allow you to continue working is one of the hardest things a person not of retirement age ever has to face. It means uncertainty and turmoil. It means all your plans have changed. It means you will not know for a while what your day to day life will be like.

This period of time is critically important to your health and wellness going forward.

You may feel alone and at a loss, even while surrounded by loved ones. May we offer a critical piece of advice based on knowing many people who have faced what you are now facing? Do not try to be heroic. Do not try to shoulder this burden by yourself. It's okay to ask for help. You may need many kinds of help in the months ahead. Our many clients have taught us that the best outcomes go to those with family, friends, and health care providers in their corner.

It starts long before the decision is made that you cannot continue working. Far too many people push themselves beyond physical endurance while their injury or ailment makes it more and more difficult – until finally their doctor makes them stop.

And even when they finally accept that they must stop working, in their weakened and stressed out condition they try to soldier on and deal with the insurance company by themselves. It's too early to talk about fighting the insurance company. For now, let's give them the benefit of the doubt and do everything possible to have your disability claim accepted as quickly as possible.

We cannot stress enough that you should **GET ALL THE HELP YOU NEED**. Get the medical help you need. Get the support you need from friends and family. Get the mental health help you need if you need it. In other words, understand that you have a very important project to manage right now and you should focus your attention on giving yourself the best chance of success.

There are many physical and mental ailments, injuries, or disorders that fulfill the label "disabled". According to the dictionary a disability is the consequence of an impairment. When a condition impairs your ability to live and work as you are used to, it is considered a disability.

Physical disabilities inhibit your ability to perform the daily functions you are used to performing. There are also sensory disabilities which make it difficult to work or live normally. And there are mental or emotional disabilities which also can severely restrict work and quality of life. Any medical condition that prevents you from being able to work and which your medical providers support that you cannot work qualifies as a disability.

Did you know that many short or long term disability claims encounter "bumps in the road" before they get the green light from the insurance company?

We have put this booklet together to help you understand your disability insurance and what your rights and options are. Our hope is that you will be able to successfully file without having to take legal action.

Your Application

Submitting your application is the first step. You must submit a thorough and complete application. It is worth the time and effort to do this very carefully. You want to stack the odds in your favour. If your claim does not succeed, this booklet will prepare you for what is next.

START WITH THE RIGHT MINDSET.

Because we have worked with so many people who faced the challenges you now face, we can share an observation about the best possible attitude to adopt.

"Expect the best, but be prepared for the worst."

Typical outcomes people encounter when applying for disability benefits:

- Accepted right away
- Accepted after some administrative delays
- Accepted for short term disability but denied for long term disability

- Accepted for short term and long term disability and then cut off for a variety of reasons including change of definition, insufficient medical information, failure to be under medical care, etc.
- Turned down for short or long term disability and then a long and frustrating battle with the insurer, ultimately unsuccessful
- Turned down, hired a lawyer, insurance company would not budge
- Turned down, hired an experienced disability lawyer, fought a successful battle with appropriate benefits finally secured

Again, your claim may be accepted right away. We suggest you approach with that assumption and do all you can to facilitate the insurance company coming to the right decision. But always keep in mind that the insurance company may treat you the way they have treated many thousands of other qualified Canadian policy holders.

The best case scenario is that you will get a quick approval. The worst scenario is that you will be turned down and will not succeed in forcing the insurer to play fair. Even if you are turned down, with the right legal help, the insurance companies will be forced to finally reach a fair settlement of your claim.

So, again, hope for the best, but be prepared for what may come. And, again, take care of yourself, get all the help you need, and preserve your strength for healing.

Being Disabled is Stressful & Emotionally Draining

Coping with the decision to stop working is an emotional roller coaster. Counselors who work with people suffering from depression triggered by a disability diagnosis suggest keeping a journal. Closely observing your thoughts and feelings will help you maintain the emotional balance you need to ride out this storm in your life.

Looking for the silver lining in all things promotes a positive outlook – and you will need it when you begin this journey. And because you face so much uncertainty, having the support of trusted friends and loved ones can be invaluable.

ABOUT DISABILITY INSURANCE

A disability contract is a covenant between you and a large company that pools funds and offers promises of financial protection in the event that you become disabled. Your end of the deal is simple: pay your premiums. Their end of the deal is fairly straightforward as well: carefully invest those pooled funds and when people can't work, pay them the benefits they were promised.

Disability contracts are worded in very specific ways that do not always conform to the kind of images you may have seen in an advertisement. The premise is simple. Out of many thousands of people, a certain number – according to actuarial tables – are likely to become disabled sometime in the future. The insurance company wishes to make sure that there is plenty of money left over after all valid claims have been satisfied. That's called profit and there is nothing wrong with it as long as the company is playing fair with its policy holders who make a claim.

When a policy holder like yourself becomes temporarily or permanently disabled, they apply for the benefits promised in the contract. That's where you are now. Depending on the wording in your contract and the nature of your disability, the insurance company will come to a decision. If the decision is positive, then you're okay for now.

If the decision is a no, it will take more work.

If your employer does not offer disability insurance coverage, you may have acquired your own disability coverage directly from the insurer. Many doctors, accountants, and self-employed individuals purchase a private disability insurance policy.

Most group disability insurance plans come with a Benefit Booklet, or your employer may provide online access to a summary of your group benefits. Depending on how long you have been insured, you may or may not be able to locate your copy or you may not recall how to access this information online. If you have the information, make sure you read it carefully.

But always keep in mind that the booklet is not the contract.

The main difference between the booklet and the contract is that reading the handbook you will feel confident that you will be covered in the event that you become disabled. Reading the contract, after becoming disabled, you will see that the field is littered with land mines. The insurance companies have designed the process so that they will have innumerable "outs" that justify them turning down your claim – politely and with great reluctance. If you purchased a private disability insurance policy, you should have a copy of the contract or policy. It is important to read it carefully so that you know your full entitlement.

A Few Details About Disability Policies in Canada

Disability polices in Canada typically do not pay benefits until after the expiration of a waiting period. In the case of short term disability benefits, the waiting period is often 7 days. In the case of long term disability, the waiting period is usually between 3-6 months. Private insurance companies have a submission period and a time frame to turn around the claim form as well, on a case by case basis. A policy holder or claimant can easily become discouraged and lose out on benefits simply because they do not understand the details of their policy. And there are mistakes you can make in applying that can hurt your claim or even destroy your chances of receiving benefits.

Disability Insurance typically provides benefits equal to 66% of your weekly or monthly base salary (although the amount of the benefits varies significantly from policy to policy). In order to determine the amount you should receive, it is important to read the Benefit Booklet carefully, and also review any enrolment forms that you may have submitted to your employer when you first obtained coverage for disability at work.

In some cases, you may only have qualified for basic or core coverage which can have a relatively low monthly maximum benefit (e.g., base salary of $50,000 per year would result in an LTD benefit of $2,777.92 at 66.67%, but if your plan has a "non-evidence" maximum of $2,000.00 per month, you can only receive the higher amount if you specifically applied for the additional coverage.)

In the case of a policy you purchased on your own directly from the insurance company, the amount of the benefit should be stated in the policy that was provided to you when the policy was originally issued.

The typical insurance company is made up of many components. When you are submitting a claim for disability an important member of your insurance review team is the claims adjuster. This person may also have a different title, such as abilities manager, claims handler, adjudicator, claims analyst, etc.

All of these titles fulfill the same basic role, acting as the gatekeeper on your claim with the insurance company.

Since you have not filed yet, you may not be familiar with the claims adjuster. They are the ones who manage the paperwork on behalf of the insurer and come to an initial conclusion. They are also the representatives who tell you if your claim has been accepted.

NOTE: These adjusters are not going to be on your side. They may be nice, polite, and may seem accommodating – but you should always take their friendliness with a grain of salt.

Their bottom line is to save their company money, so they will poke and prod you with questions until you are sick of it. And they will look for a weakness in your case.

The next section outlines the steps you need to take to ensure that your claim gets the attention it needs in order to be processed accordingly.



"From beginning to the finish of my case I was treated with respect. My opinion mattered.

Thank you all for a very positive experience."

- Liza S.

YOUR ACTION PLAN

Whether you have long term or short term coverage through your employer or as a self-employed individual, you have to understand some of the most basic principles of that coverage. Also you must keep in mind at all times that the insurance company is not your friend. Their intent is to find evidence that your claim is not valid. They will minimize as much as possible the amounts they pay out to claimants.

The first step we recommend is to get the forms you need to start your claim. The next step is to provide complete information exactly as requested on the form. Each insurer has their own form. The information they require is basically the same. Skipping steps, leaving out information, or even sloppy penmanship can cause your claim to be delayed and in many cases denied.

Remember claims can only be paid when:

- You cannot do your own job because of a medical condition.
- You are employed or are actively at work at the time you become disabled.
- You are under the care and treatment of a licensed doctor or accredited health care practitioner.
- A doctor completes the Attending Physicians' Statement certifying your disability.
- You are under appropriate care and treatment to continue receiving benefits.
- In most cases you complete a claim form within a prescribed period of time (often 30 days of the date you became disabled. (If you fail to do this it may cause your claim to be denied.)

When your form is complete, you should proceed to submit the information either through your human resources department at work or directly to the insurance company or 3rd party administrator (follow the directions provided by your HR or the Booklet).

Step One

The first step is to make sure that you get the proper forms to file your claim.

Step Two

Make sure that the treating doctor confirms your disability according to the requirements set forth by your policy.

Step Three

The answers that you give on your application should be reviewed before submitting.

Remember, providing detailed and complete information positions you for the most favourable result. Even if you think it won't matter, make every effort to submit a complete and accurate application. Here again, having the help and support of a friend or family member can be a great help. Together you can double check everything to make sure your submission is top notch.

Step Four

After you have supplied all the required information, check in with your insurance company to make sure that they have received it. This is where you will discover if they are dealing straight with you, or if the games are beginning. For example, it's not uncommon for the insurer to request that you send in the same document several times. You will say, "I already faxed or emailed it, and I have a confirmation that it went through."

This may be a clue that you are going to be denied. As shocking as it may be to hear this, they make their policy holders jump through these hoops because they know that a lot of people will give up rather than continue chasing. Many newly disabled people are sick and depressed and feel as though they do not have much fight left in them. So, after chasing the insurer for a while, they simply do not have the energy to continue.

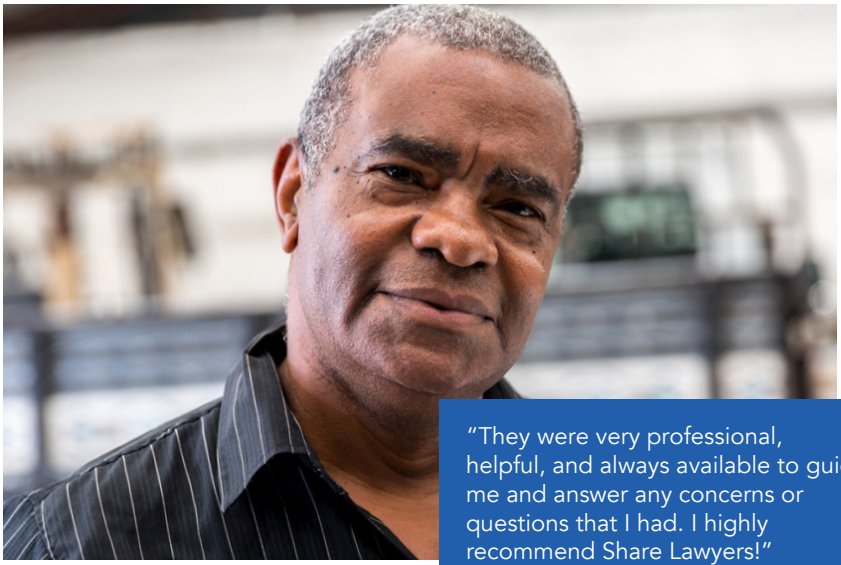
That's what the insurers want. They want you to abandon the fight.

Make sure that every time you call you have the name of the last representative you spoke to, the time and date you called, and any answers they gave you. In some cases, they may even provide you with a document reference number. Always write that number down. Keep detailed notes about every call; when the call took place, who you spoke to, what they said.

NOTE: Even if you've filled out the forms perfectly and provided all the information they've asked for, you may still be denied.

We are not saying this to discourage you.

We want to alert you to what may be ahead. If your claim is turned down,feel free to call Share Lawyers for a free case evaluation.



"They were very professional, helpful, and always available to guide me and answer any concerns or questions that I had. I highly recommend Share Lawyers!"

- Stephen T.

MINDSET OF THE INSURERS

The insurance company is not your friend. We cannot stress this fact enough. They are very friendly with people who are paying their premiums. And they extend wonderful invitations through media and advertising for you to come under their protection so that you can feel financially secure in the event that you become unable to work.

Canadian disability insurance companies often treat claimants very differently. You may be one of the lucky ones – and we hope so. A certain percentage of cases are handled perfectly and approved quickly. But an alarming percentage of valid claims are denied. It's very difficult for people who have faithfully paid their premiums to believe this.

The insurer has two teams – offense and defense. When they are on the offense they are making promises and getting more policy holders. The more policy holders they have, the more money they take in. With this side of the business they are friendly and reassuring. The other face of the insurance company comes out when someone asks them to honour a disability claim.

Insurance companies look at your claim with the attitude that you are probably lying to them. The claims adjuster plays defense for the insurer. It is the adjuster's job to help minimize and restrict the amount of money that goes out to claimants.

Claims adjusters have not generally received extensive education in the claims handling.

They receive on the job training on how to evaluate a claim and the grounds for saying no. Saying no is the desired response. They are not issued written guidelines for turning down claims.

They are provided with guidelines regarding medical conditions and the accepted duration of disability from a particular injury or illness. Often such guidelines are treated as being black and white without any reference to the considerations that impact your reasons for not being able to work.

After receiving your claim, your adjuster will typically require more information from you. It is not unusual for you to have to send the same information a few times before they acknowledge receipt.

These are the games you may find yourself reluctantly playing while trying to secure your benefits. We don't have to tell you that this is an outrageous way to treat a recently disabled person. Try to maintain an even keel in all your conversations and correspondence with your insurer.



"Right from day one, Share Lawyers believed in me. That means a lot. It makes everything so much easier."

- Jason S.

YOUR ROLE WHEN APPLYING



Once you have completed your claim form, **REVIEW IT CAREFULLY**. Below is the information you will need to assemble for submission with your claim:

- Application form completely and accurately filled in
- Doctor's form
- Employer's Form (completed by Employer)

Once you have submitted your carefully completed claim, you have done all you can. You can reasonably hope to have your claim accepted. But keep in mind that many valid claims are denied. If you receive a denial, it does not mean that you are not qualified to receive benefits.

The more people stand up for their rights the better. Knowing that the insurance company is banking on more people getting discouraged and throwing in the towel should motivate you to get the benefits you deserve.

By fighting back, you might be helping others as well.

WHAT TO DO IN THE EVENT OF A DENIAL

Of course you can continue to lobby the insurance company. After a few more rounds of voicemail, you may feel frustration and despair. Always remember, that's how they get people to give up. As hard as it may be to accept, many people who are rebuffed are eventually able to receive their benefits.

Share Lawyers is always here to take your call and **EVALUATE YOUR CASE FOR FREE**.

The first clue that it is time to get help with your disability claim is when you are first denied. You can continue the fight, but be forewarned that this is often a fruitless and frustrating pursuit.

It seems in many cases that only the actions of a dedicated and skilled law firm are able to get the insurers to come to the table, willing to consider your claim more seriously.

After the first denial many people call our office to ask for help. Others fight on for months alone.

You might have been unfairly denied because the plan administrator stated that you were not disabled, or because the insurer does not agree with your doctor's diagnosis, as well as many other reasons.

They will cite a provision in your contract and inform you with regret that they are unfortunately unable to approve you. They make it seem like they really want to, but unfortunately it is impossible. They will tell you your file is closed.

DO NOT BE DISCOURAGED.

Call us for a free case evaluation. Our staff will treat you with kindness and respect. We will let you know what your rights and options are and whether it's worth it to go after the insurance company.

We have helped over 9,000 clients over the past 40 years to receive fair compensation after being denied.

CONCLUSION

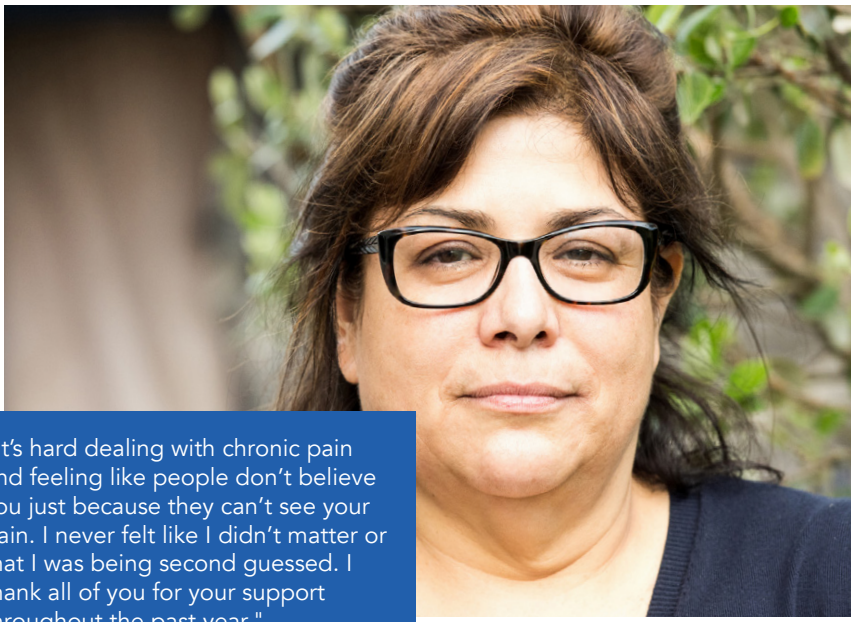
When you are diagnosed with a disabling illness or injury, you are extremely vulnerable. Nothing could be more important than securing your short or long term benefits. Yet, **IN SO MANY CASES, QUALIFIED PEOPLE ARE TURNED DOWN**.

This may not be your experience, but if it is, do not take it sitting down.

Knowing the best way to submit your application will give you the greatest prospect of success. But as we have seen, too many people are turned down by insurance companies who are trying to avoid paying out.

Being denied is not fatal to your claim. Working with an experienced and skilled legal team will give you the best chance of success.

Your financial future is too important to leave to chance. Once you know that your insurer has decided to refuse you, **IT IS TIME TO GET HELP.**



"It's hard dealing with chronic pain and feeling like people don't believe you just because they can't see your pain. I never felt like I didn't matter or that I was being second guessed. I thank all of you for your support throughout the past year."

- Rita H.

APPENDIX A: ABOUT THE INSURANCE INDUSTRY IN CANADA

Canada's life and health insurance companies rank third among the country's entire financial industries. There are around 150 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 a very small number of insurance companies control a majority of the market, which is bad news for consumers.

In 2024, the life and health insurance industry in Canada reported a total insurance revenue of $111.5 billion, a 7.9% increase over the $103.4 billion reported in 2023.

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.



"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.

APPENDIX B: SHARE LAWYERS

Since 1987, Share Lawyers has provided top-quality representation in the areas of disability insurance litigation law. 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 our clients and will pursue your claim through to its conclusion.

If you have suffered a severe health issue and have been denied long term disability, you need excellent legal representation. Share Lawyers is the leading law firm for disability claims and has both the experience and expertise necessary to fight for the maximum settlement you deserve.

LONG TERM DISABILITY INSURANCE CLAIMS ARE SUBJECT TO TIME LIMITS, SO DON'T WAIT.



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

- Laisha P.

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