

## PLEASE NOTE

If you have an employee who has been absent from work and you anticipate that they may be eligible for Disability benefits under Saskatchewan Blue Cross, the required claim forms can be accessed on our website at [www.sk.bluecross.ca](http://www.sk.bluecross.ca).

## WHAT FORMS ARE REQUIRED?

- Employer Statement
- Job Description

## TIPS FOR COMPLETING THE EMPLOYER STATEMENT

- Regular Gross Earnings on the form are the earnings member received just prior to stopping work
- T4's copies required if earnings are commission or receive variable pay (see definition of earnings in your contract for more information)
- Effective date of coverage is the date the employee enrolled in your Group Insurance Plan with SBC

## WHAT DO I DO WITH THE EMPLOYER AND JOB DESCRIPTION FORMS ONCE THEY ARE COMPLETED?

Once you have completed the above mentioned forms, please submit these forms directly to our office at:

Saskatchewan Blue Cross  
516 2nd Avenue North  
PO Box 4030  
Saskatoon, SK S7K 2C5

Alternatively, you can scan and email the forms to [SBCDisabilityInquiry@sk.bluecross.ca](mailto:SBCDisabilityInquiry@sk.bluecross.ca), however, please note that email communication is not secure. Or fax your documents to 306-667-5495.

## WHAT FORMS ARE YOUR EMPLOYEE REQUIRED TO COMPLETE?

- Employee Statement
- Authorization
- Education and Work History
- Attending Physician Statement (ensure applicable form is chosen based on Employee's condition)
- Copy of their Driver's License, Passport or similar valid proof of age

### *Please note:*

- It is your Employee's responsibility to submit these forms directly to Saskatchewan Blue Cross. The cost for the completion of the Attending Physician's Statement is also the responsibility of the Employee.
- If you are providing the Disability forms to your Employee, ensure all Attending Physician's Statements are printed. The Employee should take the appropriate form to their physician for completion. Please also provide your Employee with a copy of the Employee's Guide - how to Submit a Disability Claim.

## WHEN SHOULD I SUBMIT A DISABILITY CLAIM?

If you have an Employee who has been off work for any period of time and you anticipate that they will not be returning to work prior to their elimination period, the Disability process should begin. The time frame for the elimination period is stated in the Benefit Summary of your Group Insurance.

If you are unsure as to when the process should begin, please do not hesitate to contact us at 1-800-667-6853.

## WHAT DOES THE CLAIM ASSESSMENT PROCESS LOOK LIKE?

Once the Employer Statement, Job Description, Employee Statement (including appropriate proof of age), Authorization, Education and Work History and Attending Physician's Statement have been received we will begin our assessment. We will contact you and the Employee to complete a telephone interview.

## HOW LONG WILL IT TAKE FOR A DECISION TO BE MADE?

Once all the required forms and medical information has been received, our normal processing time for a decision is 5-10 business days.

## WHAT IF THE CLAIM IS PENDED FOR ADDITIONAL INFORMATION?

Saskatchewan Blue Cross will let your Employee know verbally and in writing what additional information is required. We will also provide you, the Employer in writing we have requested additional information to complete our assessment.

**GUIDE CONTINUES ON NEXT PAGE.**

## WHAT IF THE CLAIM IS APPROVED?

We will contact the Employee with our decision to approve their claim. We will explain to the Employee the effective date of the benefit, the amount they will be receiving as well as the definitions in the contract pertaining to their claim. An approval letter confirming our decision will be sent to you and the Employee.

The most effective disability management occurs when there is a collaborative team approach with the Employer, Employee, medical community and the Insurer. Some of which include:

- Ongoing Employee and Employer contact
- Periodic medical updates (including writing directly to the Employee's treating physician, or forwarding an Attending Physician's Statement to the Employee to be completed by their physician)
- Once appropriate, helping facilitate a gradual return to work program

## RETURN TO WORK PLANNING

We will continue to actively manage the claim and will be monitoring for improvement in your Employee's condition. At the earliest and safest opportunity, and we will recommend a rehabilitative return to work. We will coordinate this return to work with you, your Employee and the Employee's treating physician. A return to work program (if required) is goal oriented and time limited. We will let you know of the Employee's restrictions for a safe return to work.

It is often important to all parties (Employer, Employee and Saskatchewan Blue Cross) to have an Employee initially return to work on a gradual basis. In these instances, it is most helpful if an Employer can accommodate modified duties and/or hours. Saskatchewan Blue Cross will work with all parties to ensure a successful and timely return to work on either a full time or graduated basis. For more complex return to work programs, we may require the assistance of a Rehabilitation Consultant.

## WHAT IF THE CLAIM IS DECLINED?

If the results of our assessment indicate a denial of the claim, the reason for our decision will be communicated to the Employee with a phone call and in writing, which will include details of why the information provided does not support the claim. As the Employer you will be notified in writing, however, please keep in mind medical information is confidential and cannot be discussed with the you.

## CAN AN EMPLOYEE APPEAL THE DECISION?

If an Employee wishes to appeal our decision they must submit in writing their intent to appeal our decision. In addition, we will require new medical information from their physician that has not been previously reviewed by Saskatchewan Blue Cross. This medical information should include detailed clinical findings. It may be helpful for the Employee to review the decline letter with their physician when deciding what medical information would be most appropriate for the appeal. This information should be submitted to us within 90 days of the date of the decline letter.

**Please note:** *The Employee is responsible for the cost of providing additional medical information for an appeal.*