



*Group
Health
Centre*

work well support

**SHORT TERM DISABILITY SUPPORT
PROGRAM**

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1. Program Philosophy

The Group Health Centre understands that not all illnesses and injuries require an employee to be absent from work. However, when an employee is unable to attend work and cannot perform their assigned duties due to illness or injury the Employer will provide a Short-term disability benefit. The intent of the benefit is to provide eligible employees with an income replacement plan to support employees when they suffer a significant illness or injury that may lead to a long-term absence and LTD.

The Group Health Centre recognizes that long-term absences can result in employees not being assisted or directed to seek assistance for their absence. As such, the Group Health Centre has developed a Short-Term Disability Support Program to assist employee with illness or injury with the process of reporting sick, initiating Short-term Disability Benefits, and returning to work. The program will also assist eligible employees with a transition to Long-Term Disability Benefit.

2. Program Objectives

- To support employees with illness or injury who are unable to work
- To provide a process for reporting illness or injury to the employer, including Occupational illness or injury
- To outline the process of initiating Sick Leave benefits

To provide employees with income replacement during their short term disability

- To provide a confidential process involving a third party to support obtaining medical documentation and facilitating a return to work

3. Partners in Solution

Successfully supporting employee during a period of short-term disability requires commitment from all levels of the Group Health Centre. Each level will be responsible for their role in the Short Term Disability Support Program.

Manager/Supervisors are responsible for the following:

- Understand and uphold the principles of the Short Term Disability Support Policy
- Establish procedures for employees to report an absence due to illness or injury
- Provide necessary support and assistance when needed
- Communicate attendance expectations and procedures to employees when absence is due to illness or injury

- Inform employees of available resources and programs (i.e. Employee Assistance Program, Modified Work and Work Accommodation)
- Communicate with absent employees to monitor progress and expedite a safe and successful return to work
- Facilitate early return to work of employees through modified or alternative duties, where applicable

Employees are responsible for the following:

- Understand and consistently uphold the principles of the Short Term Disability Support Policy
- Follow established procedures for reporting absence due to illness or injury
- Attempt best efforts to be physically and mentally fit for work
- Attend to work on a regular basis in order to fulfill employment contract with the Group Health Centre
- Maintain health and take precautions against illness
- Provide appropriate medical documentation as requested
- Access available resources and programs when necessary (i.e. Occupational Health, Employee Assistance Program, Modified Work and Work Accommodation)
- Recognize that short term disability benefits (sick pay) are an insurance against loss of wages to be utilized in times of illness/injury and that it is not permissible to utilize these benefits other than for legitimate personal illness/injury
- Follow recommended assistance or treatment programs to facilitate prompt return to work, where applicable
- Advise treating health care provider of the availability of modified alternative work duties, where applicable

Human Resources are responsible for the following:

- Ensure consistent and effective administration of short term disability benefits
- Provide Management support and consultation on attendance related scenarios
- When appropriate, provide assistance with the administration of return to work planning
- Ensure Department Managers have opportunities to learn how to approach and interview employees who are currently enrolled in the Short Term Disability Support Program
- Maintain confidential employee files containing documentation related to short term disability

Short Term Disability Support Administrator (Support Administrator) is responsible for the following:

- Provide respectful and supportive services to the employee during absence through regular communication with the employee/HR and through regular follow up regarding recovery and Return to Work (RTW) abilities
- Coordinate appropriate RTW plans in communication with health care providers, employees, managers and HR
- Validate absences through confidential review of medical information and provide clear restrictions to employer for possible offer of accommodation when determining safe return to work planning

The Union when applicable, is responsible for the following:

- To support and advise the employee
- To attend initial and follow-up meeting with the employee as per the relevant collective agreement and standard operating procedure
- To support awareness about the importance of regular attendance
- To foster a healthy and positive work environment

4. Reporting Illness or Injury

If an employee becomes ill while on duty, the employee will obtain authorization from their manager/supervisor prior to leaving the workplace.

If an employee is unable to report for duty due to sickness or injury, the employee will:

- 1) Personally notify their immediate manager/supervisor by telephone, or if unavailable, the on-duty manager/supervisor in their department (texting, email, or fax, or any other form of electronic communication are not acceptable forms of notification)
- 2) Indicate they are unable to report for duty; whether the absence is the result of :
 - an illness
 - an injury
 - or a medical emergency;and whether it's occupational or non-occupational

If possible, employees will report the absence to their immediate manager/supervisor, at least one (1) hour prior to the beginning of their scheduled shift. Manager/supervisors may review and agree to other arrangements in exceptional circumstances on a case by case basis.

Manager/supervisors may request from the employee medical documentation explaining their absence but cannot ask for detailed medical information.

All sick time will be entered by the employee on their time card, and the manager will verify with the employee the time take before approving the time card.

If the sick leave extends, or is expected to extend more than five (5) consecutive working days, the Short Term Disability Support Program will be initiated.

5. Reporting Occupational Illness or Injury

An employee who is injured on the job, regardless of how insignificant the injury may appear, will notify their manager/supervisor immediately of any occupational injury or illness. Accidents or incidents that occur on duty include the following:

- first aid only claims;
- non-injury hazardous incident;
- information only;
- work related disease;
- lost time;
- medical aid incident; and
- recurrence

When an accident or incident occurs on duty, and injuries result, the employee will promptly obtain first aid, if required, and notify their manager/supervisor immediately. As soon as possible the employee will complete and submit an Incident Report to their manager/supervisor. The manager/supervisor will ensure that the employee receives appropriate first aid treatment and document all action taken. To prevent a reoccurrence of the incident, the manager/supervisor will evaluate the cause of the incident and recommend a correction on the Incident Report. The incident report will be submitted by the manager/supervisor to the HR department within 24 hours of the time the injury occurred. The HR Department will notify the Workplace Safety and Insurance Act (WSIB) and Chairs of the Joint Health and Safety Committee of the incident. The employee will work with HR to throughout the claims process and provide any requested medical documentation to WSIB to facilitate the claim. If the employee does not comply to these requests, their claim may be denied.

6. Short-Term Disability Support Program

Initiating Sick Leave Benefits

After five (5) consecutive working day of absence or when an employee identifies they will likely be off work for an extended period beyond five (5) consecutive working days, the employee will begin the Short Term Disability Support Program that will assist them in initiating sick leave benefits and support a return to work.

The manager/supervisor will notify the HR Department of any employee who is or will likely be off for more than five (5) days. The HR department and the manager will together complete a Referral Form naming the department manager and at least one other manager/supervisor as a secondary contact, and detailing information regarding the absence on the form and fax or email it to the Support Administrator. This initiates the Support Administrator to open a Support File for the employee.

The employee will be contacted by the Support Administrator who will request medical documentation. Nevertheless, the employee may forward any existing medical documentation or notes directly to the Support Administrator prior to a formal request, especially when it is known that the illness or injury will last longer than five days (ex. Surgical recovery).

The Support Administrator will contact the absent employee within one (1) business day of receiving the Referral Form, inform them of the process and forward the Sick Leave Claim form (see Appendix). The employee will be required return the form to continue in the sick leave benefit process.

If documentation is not submitted within the next fourteen (14) calendar days and there have been no approved extensions in writing by the Support Administrator, they will notify the employee and the HR Department.

The HR Department will send a non-compliance letter to the employee and copied to the Union if applicable.

If the medical documentation is not forthcoming in the next five (5) calendar days, the employees file is closed and they will be placed in unpaid status. The manager will notify the employee to return to work for the next scheduled shift and the process may be referred to Human Resources for disciplinary action up to and including termination. Employees must be aware that a denial of claim for non-compliance will result in a retroactive deduction of pay or allocation of the utilization of another leave (ie. Vacation day, float stats, etc.)

The employee will be required to provide the medical documentation requested by the Support Administrator within fourteen (14) calendar days of the first day of absence. If the information is not received within fourteen (14) days sick leave benefits will be suspended. In exceptional circumstances an extension can be requested by the employee beyond the fourteen (14) day deadline and can be provided by the Support Administrator in exceptional circumstances, subject to consultation with the Employer.

The Support Administrator will review the file to determine whether the absence is supported. If the medical documentation supports the absence, they will send a Claim Status Report to the HR Department within one business day. The Support Administrator will send a letter of support (see Appendix) to the employee and assist the employee with accommodations or gradual re-integration, until the absent employee is fully integrated into the work unit.

At this point in the process, case support commences, including return to work interventions and planning. The file remains open through any accommodations or gradual re-integration, until the absent employee is fully integrated back into the work unit.

Claim Denial and Appeal Process

When an employee submits medical documentation to the Support Administrator that does not support their absence, the Support Administrator will notify the employee and the HR Department by telephone and e-mail of the denial of claim. It is the employees obligation to ensure that a means contact and communication is provided to the Support Administrator. The HR Department will suspend sick leave benefits, contact the employee regarding their immediate return to the workplace and how their time will be captured in the system. The HR Department will notify the manager/supervisor that the employee will be returning to work.

An employee has fourteen (14) calendar days to declare, in writing, their intent to appeal the denial of claim subject to the conditions below. The Union may assist the employee in this. The employee will obtain new medical information and forward it to the Support Administrator within an additional fourteen (14) calendar days of the date the claim was denied.

The Support Administrator will confirm receipt of the new medical documentation with the HR Department who will notify the manager/supervisor of the appeal and stage of the appeal. The new medical information will be reviewed by the Support Administrator. If the claim is approved sick leave benefits will begin. If the claim is again denied, an appeal denial letter (see Appendix) is sent to the employee by the Support Administrator, copied to the HR Department and the applicable Union. The file is closed and the HR Department notifies the manager and begins retroactive payroll deductions to reimburse the Organization for the employee's initial time

absent. The employee moves into unpaid status. The manager, following consultation and notification with the HR Department, will notify the employee to return to work for the next scheduled shift.

Notwithstanding the aforementioned, the Employer, in exceptional circumstances, reserves the right to continue sick leave benefits for an employee when at their discretion.

Depletion of Sick Leave Entitlements

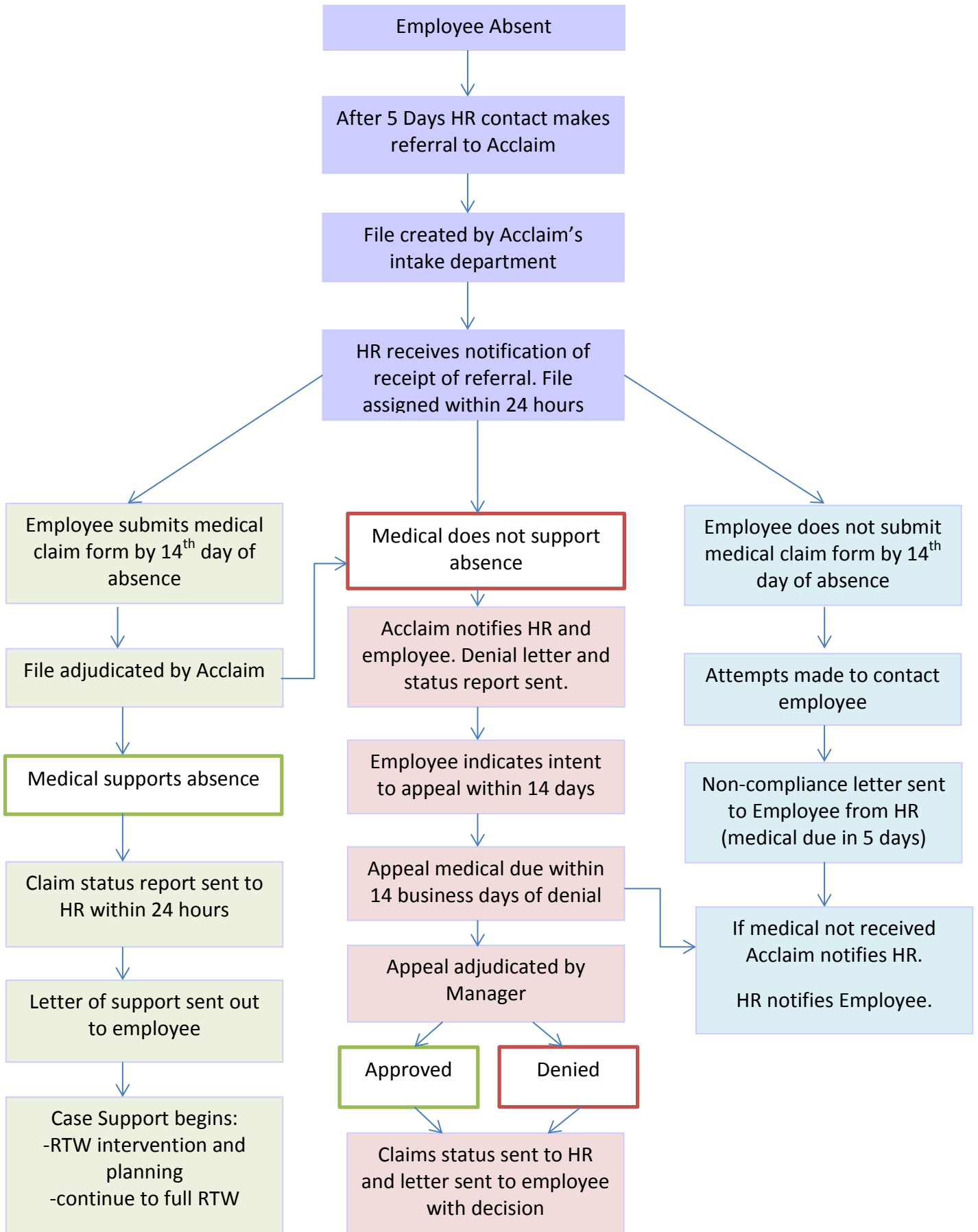
In the event an employee depletes their Sick Leave entitlement as defined in the collective agreements the HR Department will send a notice to the employee, as soon as possible, as an early warning of low sick leave benefits with a copy to the manager and the union.

Transition to Long Term Disability

An employee whose illness or injury has exceeded or is expected to exceed one hundred and twenty (120) days will be eligible to apply for Long Term Disability benefits and will be provided with the Long Term Disability package to facilitate the transition from STD to LTD.

Both Human Resources and the employee will be required to fill out forms and submit them to the LTD benefit provider. The employee will be responsible for providing the appropriate medical documentation to the benefit provider. The Support Administrator can provide the medical information to the LTD provider from the Short Term Disability claim if requested and a release authorization form is signed by the employee.

Short Term Disability Process Flow Chart



ATTENDING PRACTITIONER'S STATEMENT

Section A Employee Information: *(to be completed by employee)*

Name: _____ Primary Phone #: _____
Address: _____ City: _____ Postal Code: _____
Email Address: _____
Employer: _____ Job Title: _____
LAST DAY WORKED: _____ **FIRST MISSED SHIFT:** _____

Section B Consent: *(to be completed by employee)*

I authorize the physician/practitioner to disclose information to **Acclaim Ability Management ("Acclaim")** regarding my medical condition as it relates to my current absence from work by completing Sections C and D (below) for the purposes of validating and managing my claim for a medical leave of absence, as it relates to my fitness for work.

I understand that Acclaim will keep my medical information confidential but for the purpose of facilitating my return to work I consent to allow **Acclaim** to relate my claim status, my absence duration and my ability to return to work with or without restrictions to my employer. I also consent to allow my employer to share non-medical information with **Acclaim** as it relates to my current absence for the purpose of facilitating my return to work (if applicable).

A photocopy of this authorization is as valid as the original.

Signature Date

Section C: *(to be completed by qualified medical doctor or qualified medical health professional)*

Date first assessed (**insert job title**): _____

Expected period of absence: _____

General nature of illness or injury
(without disclosure of diagnosis): _____

Is this absence work related: Yes No

Employee is under active treatment: Yes No

Please describe treatment provided and plan: _____

Anticipated return to work date: _____

Complete recovery expected: Yes No

Section D

Employee name: _____

We support safe and timely return to work. We are committed to working with the employer in providing modified duties to support the recovery process. Please fully complete the box(es) below.

Fit to return to all regular duties:

Date: _____

Employee fit for modified work: Please indicate specific functional limitations:

Duration: _____

Reassessment Date: _____

Employee unfit to work: Please describe the functional impairment that is preventing this employee from performing **all regular duties**:

Duration: _____

Reassessment Date: _____

By affixing my signature below, I certify that I am a qualified medical health professional and that I have personally assessed and treated the above patient/employee. It is my opinion that the information is true and accurate.

Practitioner's Name: (Please Print) _____

Address: _____

Telephone: _____ Fax: _____

Signature: _____

Date: _____

Once completed please return by confidential fax or email to **Acclaim at:**

Fax #:

1-866-486-8663 / 705.254.4462

Email: grouphealth@acclaimability.com

Date

Address

RE: Your referral to the Group Health Centre's Short Term Disability Support Program

Dear

ACCLAIM Ability Management Ltd. has been retained to assist in the administration of GHC's Short Term Disability Support Program, as well as to maintain the confidentiality of your medical information. This letter is being sent to you as a follow up to the review of the medical documentation submitted by your physician in support of your **request for an absence/accommodation**.

Please be informed that your request for an **absence/accommodation** has been medically supported, and that I have already advised your employer. You have been supported from _____ to _____.

We do require an update on your status by _____ on the attached form.

If at any time you require additional information, or wish to review your claim situation, I can be reached between 8:30am and 4:30 pm at 877-954-5144, Monday to Friday. You can also leave a voice mail after business hours.

Sincerely,



Murray Macgregor, RSW, CDMP
Ability Management Specialist

DATE

Mr. Employee
Street Name
City, Postal Code

RE: Your referral to Group Health Centre Short Term Disability Support Program

Dear

ACCLAIM Ability Management Ltd. has been retained to assist in the administration of GHC's Short Term Disability Program, as well as to maintain the confidentiality of your medical information. This letter is being sent to you following our review of the medical documentation submitted by your physician in support of **(OPTIONS--your absence from work OR your request for accommodation)**.

In order for your request to be approved, the medical documentation must contain objective clinical findings and specific medical information. This documentation must establish the presence of a medical condition, and determine that you have an impairment, the severity of which is disabling you from completing the tasks of your job.

The medical information received to date was carefully reviewed. The information provided **does not support (OPTIONS--your absence from work OR your request for accommodation)**. Your employer has been advised of this decision.

Appeal Process

As per GHC's Ability Management Program, you have **1 (one)** opportunity to appeal this decision. If you wish to appeal, you must notify ACCLAIM of your intention by _____ **(note- put date of 5 days from date letter was sent)**.

This may be done verbally; however, it must be followed by a written notice confirming your intent to appeal to ACCLAIM. If we do not hear from you in this time period, your file will be closed. If you identify to ACCLAIM that you choose to appeal this decision, **new medical** information must be received **within 14 calendar days** from the date of the denial or termination of your claim (DATE), at which time it will be reviewed and a decision rendered.

For further consideration of your claim for your appeal, detailed medical documentation not previously reviewed can be provided. This information could include:

- Medical documentation including all diagnostic, consultation, specialist or therapy reports and all clinical notes
- Providing severity of the symptoms and type of objective signs and symptoms which are totally disabling you from your job.
- Prognosis for return to work
- Complications that might impede your recovery
- Current treatment plan

Note: If the medical information submitted for your appeal is coming from more than one (1) practitioner (i.e. family doctor, specialist, physiotherapist etc.) you must advise your ACCLAIM Ability Management Consultant.

Please be advised it is your responsibility to provide additional medical documentation to be reviewed for your appeal, and you are responsible for all costs associated with providing the additional medical documentation.

If at any time you require additional information, or wish to review your claim situation, I can be reached between 8:00am and 4:00 pm at XXX-XXX-XXXX, Monday to Friday. You can also leave a voice mail after business hours.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Macgregor', written in a cursive style.

Murray Macgregor, RSW, CDMP
Ability Management Specialist