

DISABILITY MANAGEMENT & REHABILITATION COMMITTEE – RESOURCE DOCUMENT

Short Term Disability (STD) Claim Forms Checklist

Courtesy of FPSE Local 03 - FACNC

The following is intended to assist you with completing your Short Term Disability Claim forms. If you have any questions, please don't hesitate to contact any of the Rehab Committee Representatives.

Employee Forms:

1. Group Benefits Member Statement

- Print clearly and answer all questions.
- Additional statements may be submitted if there is insufficient space on this form.
- Fax or mail the completed form directly to Manulife.

2. Occupational Demands List

- This is a list of attributes of your position that will be used to assist Physicians and Manulife in determining how your illness impacts your ability to perform your job.
- Once completed, you and your Dean or Regional Director must sign it.
- Send the original occupational demands list to the Disability Coordinator in the Human Resources Department and send a copy to Manulife and your Physician.

3.*Banked Sick Leave Authorization Form (*for employees hired pre-April 1, 2002 only*)

- This form is where you elect to utilize your frozen sick leave bank over Manulife STD benefits.
- When using sick leave bank, your pay continues at 100% while STD benefits are 70% of your pre- disability income and taxable.
- Please note, at retirement time your collective agreement allows for a payout from your frozen sick leave bank of up to 60 days. You can elect to draw down only a portion of your sick leave bank and then begin receiving STD benefits.

4. Request for Direct Bank Deposit

- This form is used so your STD benefits can be direct deposited to your bank.
- Send this form directly to Manulife.

5. Consent to Withhold Federal Income Tax

- STD benefits are taxable and you are responsible for advising Manulife how much tax to withhold on your behalf.
- Send this form directly to Manulife.

SHORT TERM DISABILITY (STD) CLAIM FORMS CONTINUED

Physician Forms:

6. Attending Physician's Statement

- To be completed by the Attending Physician.
- If you have more than one treating physician, you may want each of them to complete this form.
- You are responsible for any fees your doctor charges for completion of this form.
- To save time you may ask your physician to fax then mail this form to Manulife when it's ready.

7. Physician's Assessment of Work Abilities form

- This form is to be completed by your doctor and forwarded to Manulife with the Attending Physician's Statement form.

Rehab Committee Members:

Faculty Reps:

Employer Reps:

Manulife Contact Information:

Manulife Claims Manager
Toll Free #: 1-800-665-5212 local ____
Fax #: 604-608-0675

To send via mail:

Disability Division, Manulife Financial
Vancouver Disability Office
PO Box 48198
Vancouver, BC V7X 1N8

To send via courier:

Manulife Financial
Vancouver Disability Office
Suite 600 – 1095 West Pender Street
Vancouver, BC V6E 2M6