



THE PLAN OFFICE OF THE
IWA-FOREST INDUSTRY
PENSION & LTD PLANS

IWA-FOREST INDUSTRY LTD PLAN BOOKLET

ABOUT THIS BOOKLET

This booklet introduces members to the IWA–Forest Industry Long Term Disability (LTD) Plan & Rehabilitation Services. It explains various plan rules, including benefit eligibility and application rules. Full plan details can be found in the official *plan text*, which is available for review at the Plan Office. If there are any inconsistencies between this booklet and the *plan text*, the *plan text* will always govern.

Revised December 9, 2020. This latest version updates the maximum gross LTD payment to \$2,500 per month, from \$2,300 per month.

As required by the *Insurer Exemption Regulation*, please be advised that the IWA–Forest Industry LTD Plan is exempt from the *Financial Institutions Act* (the “act”) and plan benefits are not insured by an insurance company under the act.

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INTRODUCTION

A VALUABLE PLAN

The IWA–Forest Industry LTD Plan was created decades ago to provide forest industry workers like you with injury and illness-related income protection and rehabilitation services. The LTD plan provides monthly income benefits, extended health & dental coverage and rehabilitation services to members who are unable to work due to a long-term illness or injury. Eligible members receive benefits after being disabled for at least 26 weeks and continue to receive benefits until they are no longer disabled, return to work or reach retirement age (normally age 60). Every effort is made to rehabilitate members and facilitate a safe and successful return to work.

The plan is jointly funded by members and participating employers. Your employer deducts your contributions from your pay and remits both its own and your contributions to the Plan Office. The plan is self-funded, which means that payments come directly from the LTD Trust Fund and are not insured by an insurance company.

PLAN GOVERNANCE

The plan is governed by an eight-member board of trustees, with equal representation from both the union and the forest industry. Trustees are appointed by the United Steelworkers (USW) Wood Council and the following employer associations:

- Council on Northern Interior Forest Employment Relations (CONIFER)
- Forest Industrial Relations Limited (FIR)
- Interior Forest Labour Relations Association (IFLRA)

THE PLAN OFFICE

The LTD plan is administered by the Plan Office of the IWA–Forest Industry Pension & LTD Plans. Independent of the USW and participating employers, the Plan Office administers both plans according to their *plan texts* and manages the plans' investments according to the investment policies of each plan.

Essentially, the Plan Office:

- Processes benefit payments and delivers rehabilitation services,
- Answers questions and guides members,
- Collects contributions, and
- Oversees plan assets.

COVERAGE AND BENEFIT ELIGIBILITY

MEMBERSHIP IN THE PLAN

You become a member of the IWA–Forest Industry LTD Plan when you are:

- A regular full-time employee (not casual or part-time),
- Working for a participating employer, and
- Making LTD contributions.

MEMBER CONTRIBUTIONS

You begin making contributions to the plan in accordance with the *plan text* and your *collective agreement* after the completion of 30 working days in a 90-day period, or within three calendar months. However, if you were covered by the LTD plan in the 18 months immediately prior to your employment with your current company, then your contributions start from the first hour you work. No contributions are required after the age of 59 and six months.

If you wish to be covered by the LTD plan while on maternity or compassionate care leave, or any other leave as per the *Employment Standards Act*, you and your employer must continue to contribute to the plan during your leave.

ELIGIBILITY FOR DISABILITY BENEFITS

The plan provides monthly payments and extended health & dental coverage to members who have been disabled for at least 26 weeks. You are eligible for benefits under the plan if:

- You were working or on layoff coverage (as specified in your *collective agreement*) on your date of disability,
- You have already received at least 26 weeks of one or any combination of:
 - Short-term disability (STD) benefits under your industry health and welfare plan or another employer sponsored STD plan, or
 - Workers Compensation (WCB) wage-loss benefits*
- You have been unable to work at your normal occupation for at least 26 weeks,
- You are under the regular care of a medical doctor or a registered nurse practitioner,
- You are disabled as defined under the terms of the plan, and
- You are under age 65 (claims after age 59 have a maximum length of one year).

Wage-loss benefits:

Workers Compensation (WCB) wage-loss benefits from WorkSafe BC or another provincial jurisdiction include:

- Wage-loss benefits
- Income continuity
- Rehabilitation allowance

IMPORTANT:

If you have been disabled for at least 26 weeks but have received less than 26 weeks of STD and/or WCB benefits, you may still qualify for LTD benefits. Contact the Plan Office for more information and to request an application package.

DISABILITY CATEGORIES

Disability categories are used in part to determine participation in rehabilitation, rules regarding residency and travel, eligibility for the quality of life allowance, and the frequency of medical reporting to support a claim.

Following an injury or illness, your claim is adjudicated to one of the following disability categories:

<p>01: Totally disabled</p> <p>When you are unable to engage in any occupation for wages or compensation:</p> <ul style="list-style-type: none"> • for the foreseeable future, and • for which you are reasonably qualified by education, training or experience. 	<p>02A: Rehabilitation assessment</p> <p>When your medical reports support that you are ready to begin rehabilitation, and a counsellor is working with you to develop a <i>return to work plan</i> and <i>commitment agreement</i>.</p>
<p>02: Rehabilitation in progress</p> <p>When you are participating in rehabilitation under the terms and conditions of a signed <i>commitment agreement</i> to support your goal of returning to full-time employment.</p>	<p>03: Temporarily disabled</p> <p>When you are temporarily unable to work or participate in rehabilitation but are expected to be able to eventually return to work again in your normal or another occupation.</p>

Exclusions

Disabilities resulting from the following are not covered under the plan:

1. Intentional self-inflicted injury or illness while sane
2. Disorderly conduct
3. Participation in a rebellion, riot, insurrection, unlawful assembly, war (whether declared or not), full or part-time service in any armed forces
4. Air travel in a plane that is not certified airworthy or operated by a pilot without a proper license
5. Participation in a criminal offence, except the offence, by itself, of impaired or drunken driving of a motor vehicle
6. Addictive consumption of drugs and/or alcohol unless you are under the care of a physician or registered nurse practitioner for the addiction and the treatment plan is being followed.

No benefits while incarcerated:

Note that LTD benefits will not be paid when you are an inmate of a jail or penitentiary. However, your dependent(s) will continue to receive provincial medical, dental and extended health coverage.

RESIDENCY REQUIREMENTS

The IWA–Forest Industry LTD Plan is designed to help participating workers residing in Canada. The table below shows the LTD benefits available based on place of residence and disability category.

Location-based LTD benefits

PLACE OF RESIDENCE	ELIGIBLE LTD BENEFITS	
	Totally disabled (01 category)	Rehabilitation (02A or 02 category) or temporarily disabled (03 category)
BC	payments & ancillary benefits	payments & ancillary benefits
Other province or territory in Canada	payments & ancillary benefits	payments & ancillary benefits (with prior approval from Plan Office, unless you lived in this province/territory on date of your disability)
United States	payments only	none
Outside Canada or United States	payments only (with prior approval from the Plan Office)	none

Traveling for more than a week

Unless your LTD claim is in category 01, you must notify the Plan Office in advance if you leave your usual residence for more than seven days. If the travel interferes with your ongoing medical care, any rehabilitation plan or return to work opportunity, no LTD plan benefits will be paid during the travel period and may result in the termination of your LTD claim.

Address or phone number change

You are required to notify the Plan Office in writing of any changes to your address or phone number. Failure to provide this information could result in an end to your LTD plan benefits. An *address change form* can be found online at iwafibp.ca.

MEDICAL CARE

Getting the right medical care is essential to your recovery. The LTD plan helps you receive appropriate and effective treatment for your disability.

While you are receiving plan benefits, you must be under the care of a medical doctor or a registered nurse practitioner and follow their prescribed medical treatment. To verify that you are receiving the appropriate medical care for your disability, you must also submit medical reports to the Plan Office at regular intervals.

MEDICAL RELATED FEES

You are responsible for the fees for your physician's completion of the *LTD medical form*, the required annual *follow-up medical report*, and any other reports you request from your doctor.

CONFIRMING YOUR DIAGNOSIS

In order to confirm your medical diagnosis and determine whether you are receiving appropriate medical care, an examination by a physician, appointed and paid for by the plan, may be required.

REHABILITATION SERVICES

YOUR REHABILITATION COUNSELLOR

The LTD plan places great emphasis on rehabilitation—every effort is made to rehabilitate members and encourage a safe and successful return to work.

Rehabilitation counsellors are knowledgeable and experienced professionals who work in cooperation with you, your medical team, other rehabilitation providers, your employer and union to assist with your recovery and re-entry into the workforce. Their goal is to help you get back to work as quickly and safely as possible after an injury or illness. Ideally, that means returning to your own job or another job with the same company.

Your counsellor will encourage you to stay active during your recovery. They'll also connect you to resources in your community that are specific to your needs, such as recreation centres, health services, and employment services.

The Plan Office has four regional rehabilitation offices—located in Burnaby, Penticton, Prince George and Victoria. Your rehabilitation counsellor will normally keep in touch with you via phone and may periodically travel to your region to meet with you in person. You can also arrange to meet them at their office.

EVERGREEN: SHORT-TERM DISABILITY REHABILITATION SERVICES

In association with the LTD plan, the Evergreen Rehabilitation Management Society (Evergreen) provides early rehabilitation services to members during the short-term disability (STD) period. This period begins on the date you first become disabled and continues up to a maximum of 26 weeks. You will be referred to a rehabilitation counsellor while receiving STD benefits if your health and welfare plan has a contract with Evergreen. If you have not been contacted by a rehabilitation counsellor after eight weeks following your date of disability, please contact the Plan Office.

Your participation in rehabilitation is voluntary but recommended during the STD period. Note that you are expected to first access the extended health, dental, medical travel and employee assistance program (EAP) benefits available to you through coverage from your employer before Evergreen will consider funding additional services to support your rehabilitation.

To maintain a continuity of service, if you transition to LTD benefits, you will normally be assigned to the same rehabilitation counsellor that you worked with during the STD period.

LTD PLAN REHABILITATION SERVICES

Rehabilitation services continue while you are in receipt of LTD benefits. You are required to start a rehabilitation program once your medical doctor or registered nurse practitioner has cleared you for participation.

YOUR REHABILITATION PLAN AND COMMITMENT AGREEMENT

When your doctor or registered nurse practitioner confirms that you are ready for rehabilitation, your counsellor will help you develop an appropriate plan to build your strength and readiness to return to work. They will work with you to develop a goal-oriented written *commitment agreement*, which you must sign in order for your LTD benefits to continue. The *commitment agreement* specifies your responsibilities and the financial support provided for rehabilitation services for an agreed-upon period. A plan will be developed in accordance with the type of work you do and the opportunities at your worksite. In some cases, a gradual return to work or modified duties will be arranged until you can return to your usual job duties.

While your rehabilitation plan time frame is determined on a case-by-case basis, LTD benefits will continue as long as the terms of your *commitment agreement* are being met, up to a maximum of 24 months. During this time, the terms of your agreement may be updated as necessary—if warranted.

If you are unable to go back to your own job because of your injury or illness, your counsellor will help you prepare for another job with the same company, or with another company in a related industry. Limited support for retraining is available if you need to develop your skills for a new field of work.

EMPLOYMENT DURING REHABILITATION

If you receive wages from employment approved by your rehabilitation counsellor (e.g. during a graduated return to work or from part-time employment), your monthly LTD payments will be reduced by 50% of the gross wages you earn.

ANCILLARY BENEFITS PROVIDED BY THE LTD PLAN

MEDICAL AND DENTAL COVERAGE

Members receiving LTD benefits and their dependents will receive the following coverage*:

- Extended health coverage (out-of-pocket medical, prescription drug and vision care)
- Dental coverage

*Members and dependents must meet the residency requirements listed on *page 4*.

QUALITY OF LIFE ALLOWANCE

Members receiving LTD benefits may be eligible for reimbursement of extraordinary expenses. You will receive reimbursement of up to \$1000 maximum per lifetime if you satisfy all the following conditions:

1. The expense is necessary to help you cope with your adjustment to disability by either expediting the stabilization of your condition or by allowing you to become more independent, and
2. Your claim must be in either the 01 totally disabled category; or in the 03 temporarily disabled category for more than two years, and
3. The expense cannot already be covered by your LTD sponsored extended health & dental plan, a third-party insurance or a government-sponsored program.

If you wish to apply for this benefit, contact the Plan Office to connect with a rehabilitation counsellor.

BENEFITS FROM OTHER SOURCES

While you are receiving LTD plan benefits, you may also continue to receive other benefits, as follows:

PENSION

If you and your employer participate in the IWA–Forest Industry Pension Plan, you will continue to earn credited service for the pension plan at the rate of 125 hours per month. This will provide you with a full year of credited service for each 12-month period of disability.

LIFE INSURANCE

The LTD plan does not provide life insurance coverage. However, you may be covered under your health and welfare plan. Strict deadlines apply, so be sure to contact your health and welfare plan administrator for full details. Your employer or union local can give you the name and contact details of your health and welfare plan administrator. Generally;

- If you are a member of a health and welfare plan with a participating company, your group life insurance under that plan should continue during the period that you receive LTD plan benefits.
- If your LTD plan benefits end at age 60 or over and you remain disabled under the terms of your health and welfare plan, your group life insurance coverage may continue until you reach age 65. Contact your health and welfare plan for more details.
- If your LTD plan benefits end because you are no longer disabled and you do not return to a USW bargaining unit job, you may be able to convert your group life insurance to an individual policy. Time limits apply to the conversion application period.

HOW BENEFITS ARE PAID

YOUR LTD PLAN BENEFITS

Effective January 1, 2021, the maximum gross LTD payment is \$2,500 per month.

Plan payments are made on the last business day of every month. If you are not entitled to a full month's benefit, you will receive payment for the portion of the month that you are eligible. Payment can be made directly to your bank account.

Tax

Plan payments are taxable. The Plan Office withholds 10% tax on your behalf, but you can arrange to increase the amount of tax withheld.

Age

Your LTD plan benefits terminate at age 60.

However, effective June 1, 2020, if you are between 59 and 65 years of age on your LTD eligibility date, LTD benefits may be paid for a maximum of 12 months per claim. LTD benefits will terminate no later than the month in which you turn 65.

You may qualify for LTD benefits more than once between the ages of 59-65, with a maximum duration of 12 months for each claim.

No death benefits

The plan does not provide benefits to your dependents after your death. For life insurance or pension information, contact the respective benefit carriers.

No cost of living adjustment

There is no cost of living adjustment to your monthly LTD payment. Your payment may be reduced if you have another source of income (e.g. CPP, WCB), however future cost of living increases to those income sources will not reduce your LTD payment.

Overpayments

The Plan Office will make every effort to calculate payments correctly. However, overpayments may occur. If you receive an overpayment, you must reimburse the Plan Office. You can help avoid an overpayment by informing the Plan Office immediately if you return to any type of work or receive other income during your disability.

INCOME FROM OTHER SOURCES

Your disability may qualify you to receive income from sources other than the LTD plan. You must notify the Plan Office of any income you are or may be entitled to receive while you are eligible for LTD plan benefits.

Your monthly LTD payment will be reduced by any income received from the sources listed below:

1. WCB BENEFITS

If your disability is a work-related injury or illness, you may be eligible for a disability pension award, or loss of earnings award from WorkSafe BC or another provincial WCB. Any WCB pension or award you receive due to the same disability will be deducted from your monthly LTD payments. Any pension or award you receive from WCB due to a previous unrelated disability will not be deducted.

If you receive a retroactive WCB wage-loss award, you must report any money paid for the period that you received LTD benefits. You will be required to repay dollar for dollar all duplicate payments.

If you are reinstated on WCB wage loss, rehabilitation allowance, or income continuity, your LTD benefits will conclude on the date your WCB payments are reinstated.

If you receive a WCB pension award after your wage-loss benefits have been terminated, you should still apply for LTD plan benefits. You may qualify for medical, extended health & dental coverage, regardless of the amount of your WCB pension. You may also receive a monthly LTD payment, after deduction of your WCB pension and any offsets.

If you have not received any WCB wage-loss or short-term disability benefits, but have been disabled for at least 26 weeks, you may still be eligible for benefits under the plan. Please contact the Plan Office for further information.

2. CANADA PENSION PLAN (CPP)

The CPP provides disability benefits to people who:

- Have made sufficient contributions to the CPP,
- Have been determined to have a severe and prolonged disability, or terminal illness and
- Cannot work at any job on a regular basis for the foreseeable future.

To apply for CPP disability benefits, contact your local Service Canada office after you have been disabled for over three months, and only if your doctor or registered nurse practitioner supports your application.

Once your *CPP disability application* is reviewed, you must give the Plan Office a copy of your *CPP notice of entitlement or declination letter* immediately.

Your CPP disability benefit amount (excluding any dependent child benefit) will be deducted from your monthly LTD payment.

If you receive CPP disability benefits you will also accrue pension credits for your CPP retirement pension.

Need help? The Plan Office can assist you with the CPP disability application and appeal process. If your application for the CPP disability benefit is declined, you have up to 90 days to file for a reconsideration of the decision.

3. THIRD PARTY SETTLEMENT

If you are awarded a financial settlement for a disability caused by another party (e.g. ICBC settlement), you will be required to repay some or all of the LTD payments you have received. A portion of the settlement may also be deducted from your future LTD payments. (Refer to *page 13*, recovery from third parties).

4. OTHER DISABILITY INCOME

The amount of disability income you receive for the same disability from other sources may be deducted from your monthly LTD payment. Examples of other sources include employer-sponsored group insurance and wage continuation plans.

Personal insurance, veterans' allowances and benefits from other non-employer sources are not deducted.

5. EMPLOYMENT INCOME

All income and business activities must be reported to the Plan Office. If you engage in any employment, including self-employment (other than approved rehabilitation employment) after your disability begins, your LTD plan benefits will end on the day before your first day of employment. Income from secondary employment (employment other than your regular job) that began prior to your disability may not be deducted—unless your income from secondary employment increases after your LTD eligibility date.

If you receive wages from approved rehabilitation employment, your monthly LTD payment will be reduced by 50% of the gross (pre-tax) wages you earn.

Unclaimed Disability Income:

If you fail to apply for disability income from a source that you reasonably would have qualified for (e.g. CPP or WCB), the estimated income amount you would have received will be deducted from your LTD payments.

RECOVERY FROM THIRD PARTIES

If your disability has been caused by the actions of another party, you must pursue a claim for compensation from that party. This situation most commonly arises when you have been injured in a vehicle collision. To ensure that you are properly compensated, you may wish to consult with a lawyer.

If you fail to pursue a third party claim that the trustees believe is a valid one, the trustees may act on your behalf in making the claim. You will be required to sign over your right to settle to the trustees.

REQUIRED DOCUMENTATION

When you have a claim against a third party at the time you apply for LTD plan benefits, you will be required to submit the following documentation:

- An *information authorization release form* which allows the Plan Office to contact ICBC or other insurance representatives for information about the status of your claim
- A *third-party assignment of proceeds claim form* that is taken by the Plan Office as security for your obligation to repay LTD plan payments when you recover compensation from the third party.
- An *accident report* which provides the Plan Office with the details of the accident.

KEEPING THE PLAN OFFICE INFORMED

You are required to keep the Plan Office advised of the status of your claim against a third party. Once you receive your compensation, either after going to court or settling your claim before trial, you or your lawyer (if you have one) must provide information about the resolution of your claim to the Plan Office. The information you provide must include the details of the *court order* or *settlement*, along with the amount you have spent on legal fees.

REPAYMENT OF BENEFITS

When you receive compensation for wage loss, you will be required to reimburse the Plan Office for an amount not to exceed LTD payments made, less a proportionate share credited to you for your legal costs.

If your disability is continuing, future payments from the plan will be offset by an amount determined using the amount of wage loss recovery and your age. In some cases, this offset will eliminate your monthly LTD payment.

RECURRING DISABILITY AFTER RETURN TO WORK

Some members have recurring disabilities. If you recover and return to full-time work, your LTD benefits will be terminated, but you may be eligible for reinstated LTD benefits if your disability:

- Results from the same cause as your previous disability, and
- Occurs within 120 calendar days after your LTD termination date.

You will have to re-qualify for LTD plan benefits if you:

- Recover from your disability, and
- Were able to return to work with a participating employer, and
- Become disabled from working again more than 120 calendar days after your LTD termination date.

ADDITIONAL ILLNESS OR INJURY WHILE ON LTD

If you are receiving LTD plan benefits for a disability and an additional illness or injury is accepted as a disability under the plan, your benefits will continue until you have recovered.

APPLYING FOR LTD PLAN BENEFITS

APPLICATION GUIDELINES

The following tables show the general guidelines for applying for LTD, short-term disability (STD), WCB wage-loss, EI sickness and CPP disability benefits. If you have any questions or are unsure of any of these guidelines, please contact the Plan Office.

IF YOUR DISABILITY IS NOT WORK RELATED...

When	To do
Date of disability	Apply for STD benefits through your health and welfare plan.
8 weeks after becoming disabled	If you have not yet been contacted by a rehabilitation counsellor, contact the Plan Office to ask for rehabilitation assistance from Evergreen.
12 weeks after becoming disabled	If your doctor or registered nurse practitioner supports your application for the CPP disability benefit, contact Service Canada to begin the application process. The Plan Office can assist with your application.
After receiving 20 weeks of STD benefits	The Plan Office will mail you an application package for LTD benefits. Return the completed application forms as soon as possible. Contact the Plan Office if you have not yet received an application package after 22 weeks.
Upon termination of your STD benefits after receiving 26 weeks of benefits	Contact Service Canada to apply for EI sickness benefits. See below for more information.

IMPORTANT:

If you have been disabled for at least 26 weeks but have received less than 26 weeks of STD and/or WCB benefits, you may still qualify for LTD benefits. Contact the Plan Office for more information and to request an application package.

IF YOUR DISABILITY IS WORK RELATED...

When	To do
Date of disability	If your disability is work related, apply for WCB wage-loss benefits.
12 weeks after becoming disabled	If your doctor or registered nurse practitioner supports your application for the CPP disability benefit, contact Service Canada to begin the application process.
Upon termination of your WCB wage-loss benefits after less than 26 weeks of benefits	If you remain disabled, apply for STD benefits through your health and welfare plan. If approved for STD, then contact the Plan Office if you have not received an LTD application kit after 22 weeks of disability. Contact the Plan Office if you are denied STD benefits.
Upon termination of your WCB wage-loss after receiving at least 26 weeks of benefits	Contact the Plan Office for an LTD application package. Contact Service Canada to apply for EI sickness benefits. See below for more information.

APPLYING FOR EI SICKNESS BENEFITS

After receiving 26 weeks of STD or upon termination of your WCB wage-loss benefits, if you have received at least 26 weeks of benefits, and are still disabled, you must apply for EI sickness benefits. No LTD payments will be made during the EI sickness benefit period, but you will be covered for ancillary benefits (extended health & dental coverage and provincial medical premiums) by the LTD plan from the first of the month following your LTD eligibility date. EI sickness benefits can continue for a maximum of 15 weeks, and you can apply online or in person at any Service Canada location.

Notes:

- The LTD plan requires written confirmation from Service Canada if you are not entitled to EI sickness benefits due to factors such as insufficient hours worked or not making EI contributions.
- If a previous violation has caused you to be ineligible for EI sickness benefits, then you will not receive LTD payments for the period that you would have received EI sickness benefits without the violation.

- If you receive EI sickness benefits prior to your LTD eligibility date, the LTD plan will exclude a 15 week period for EI sickness benefits from your LTD payments.
- **Important:** Make sure that your EI sickness benefits do not overlap with your STD or WCB wage loss benefits.

LATE APPLICATIONS

Once you receive your *LTD application package*, be sure to complete and send in all the required forms as quickly as possible. If your completed *application* is received more than three months after your LTD eligibility date, it will be considered a late claim that may require approval by the LTD appeal committee. Late filing may leave you without income and coverage for extended health, dental and provincial medical for a long period of time.

Important: Your claim could be denied or your LTD start date changed depending on how late your completed application is received and the reason(s) for filing late.

APPEALS TO THE LTD PLAN

If you believe that a particular decision is wrong, you may submit an appeal to the trustees of the LTD plan. You can initiate the appeal yourself by writing to the director of LTD benefits and rehabilitation at the Plan Office. Alternatively, you can initiate the appeal by contacting your union representative, who will bring the matter to the attention of the Plan Office. The written request to appeal must be received within 90 days from the date you received the decision letter. Once the appeal request has been received by the Plan Office, an appeal form with further instructions will be mailed to you.

Your appeal must set out the reasons you believe an error was made with respect to your claim. You must submit copies of all medical reports and other evidence or documentation on which you rely to support your position. You are responsible for any costs incurred in obtaining medical documentation. Once your appeal is received, it will be reviewed with the other information in your file by the LTD appeal committee. You will be informed in writing of the committee's decision.

SECOND AND FINAL LEVEL OF MEDICAL APPEAL

If your appeal is denied on medical grounds, you may appeal the decision by requesting an arbitrating independent medical examination (AIME). If you wish to pursue this final level of appeal, you must submit your request in writing to the Plan Office within 90 days of your receipt of the appeal decision letter.

You will be responsible for the cost of the AIME. The independent medical opinion will be considered to be conclusive. If your claim is supported, you will be reimbursed for the cost of the AIME.

CONTACTING THE LTD PLAN

LTD AND REHABILITATION INQUIRIES

T 604.433.6310
TF 1.800.663.4384
ltdrehab@iwafibp.ca

REHABILITATION OFFICES

Burnaby	T 604.433.6310 TF 1.800.663.4384 F 604.433.0518
Penticton	T 250.487.1182 TF 1.866.487.1182 F 1.888.658.5705
Prince George	TF 1.800.663.4384 F 250.564.9221
Victoria	T 778.265.7235 TF 1.877.951.0351 F 1.877.720.0594



HOW TO CONTACT US

Plan Office

General inquiries

2100-3777 Kingsway
Burnaby BC V5H 3Z7
T 604.433.6310
TF 1.800.663.4384
F 604.433.0518

IWAFIB.CA

Pension inquiries

T 604.433.5862
TF 1.800.913.0022
pension@iwafibp.ca

LTD and Rehabilitation inquiries

T 604.433.6310
TF 1.800.663.4384
ltdrehab@iwafibp.ca

Employer and contributions inquiries

T 604.433.6310
TF 1.800.663.4384
contributions@iwafibp.ca

Service feedback

Questions or comments about the service you received from the Plan Office? Send your feedback to service@iwafibp.ca or visit iwafibp.ca/service.