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# New Brunswick Public Service Long Term Disability Plan

A GUIDE FOR PLAN PARTICIPANTS

The Committee for Long Term Disability  
Le Comité pour l'invalidité de longue durée



This booklet summarizes the Long Term Disability Plan available to employees as of the issue date and has been prepared solely for information purposes. While every effort has been made to ensure that this summary is accurate, the Plan may change from time-to-time. As a summary, this booklet does not include all details, qualifications, restrictions, exclusions, and limitations applicable to the Long Term Disability Plan.

This summary is not a legal document and does not create any legal rights or obligations. The official employee Long Term Disability contract, service agreements, legislation, regulations, and guidelines will govern all questions of entitlement to the benefit.

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# Table of Contents

<b>Introduction .....</b>	<b>1</b>
<b>Participation in the LTD Plan.....</b>	<b>2</b>
<b>Employee Eligibility Criteria.....</b>	<b>2</b>
<b>Termination of Coverage .....</b>	<b>2</b>
<b>Calculation of the Monthly LTD Premium and Benefit.....</b>	<b>3</b>
<b>LTD Monthly Benefit Formula .....</b>	<b>3</b>
<b>LTD Monthly Premium Calculation .....</b>	<b>4</b>
<b>Qualification for the LTD Benefit.....</b>	<b>5</b>
<b>Options for premium payments during the qualifying period .....</b>	<b>5</b>
<b>Total Disability .....</b>	<b>5</b>
<b>When and how to apply for LTD .....</b>	<b>6</b>
<b>Canada Pension Plan / Quebec Pension Plan (CPP/QPP) .....</b>	<b>6</b>
<b>Pre-Existing Conditions .....</b>	<b>6</b>
<b>Additional Information .....</b>	<b>8</b>
<b>Change of Definition .....</b>	<b>8</b>
<b>Rehabilitation/Return to Work .....</b>	<b>8</b>
<b>Recurring Disabilities.....</b>	<b>8</b>
<b>Other sources of income.....</b>	<b>9</b>
<b>Third Party Liability.....</b>	<b>9</b>
<b>Limitations and Exclusions .....</b>	<b>10</b>
<b>LTD Claim Appeal Process.....</b>	<b>10</b>
<b>Waiver of Premium.....</b>	<b>11</b>
<b>When and how to apply for WOP .....</b>	<b>11</b>
<b>Waiver of Premium Period .....</b>	<b>12</b>
<b>Waiver of Premium Termination .....</b>	<b>13</b>
<b>Limitations and Exclusions .....</b>	<b>13</b>
<b>Continuation of Coverage while on Leave or Layoff.....</b>	<b>14</b>
<b>Approved Leave of Absence .....</b>	<b>14</b>
<b>Layoff or Termination.....</b>	<b>14</b>
<b>Contacts.....</b>	<b>15</b>
<b>Medavie Blue Cross (Claims Administrator / Insurer) .....</b>	<b>15</b>
<b>Vestcor (Plan Administrator) or Employer .....</b>	<b>15</b>
<b>Applications and Forms .....</b>	<b>16</b>
<b>Appendix A: Definitions .....</b>	<b>17</b>
<b>Appendix B: Claim Checklist .....</b>	<b>18</b>
<b>Appendix C: LTD Benefit Claim Application Guide for Employees.....</b>	<b>19</b>

# Introduction

The New Brunswick Long Term Disability (LTD) Plan provides participating employees with a source of income while on an approved disability leave. LTD is a leave in excess of four (4) months and the disability may be physical or mental. The amount of the benefit is a percentage of the employee's income (see formula on page 3).

The LTD Plan is wholly funded by employee contributions (100% employee paid). This ensures that the LTD benefit, if received, is non-taxable. The Plan is overseen by the Committee for Long Term Disability to ensure that it is sustainable and meets the needs of employees. The day-to-day administration of the Plan is overseen by the Employee Benefit Services team of the Department of Finance and Treasury Board. Claims are administered by the Claims Administrator (MBC).

This booklet, intended for participating employees, provides an overview of the LTD Plan and accompanying Waiver of Premium (WOP). Additionally, this booklet contains helpful information about maintaining coverage during interruptions of employment. Finally, this booklet serves as a guide to help employees through the application process and provides information intended to help minimize delay of benefit payments due to some common errors or omissions.

## **Service Providers**

The LTD Plan is serviced and administered by the external vendors outlined below. The service providers are subject to change at the end of each contract:

- ◆ **Medavie Blue Cross (MBC) is the Claims Administrator** - Responsible for claim administration including assessment of the applications, appeals, benefit payments, and gradual return to work programs.
- ◆ **Vestcor is the Plan Administrator** - Responsible for the plan administration including responding to inquiries from employees on the LTD benefit application process, collecting premiums from employers, preparing the annual budget for the Committee and tracking expenses of the Plan.

# Participation in the LTD Plan

The LTD Plan is **compulsory** for all **full-time permanent employees** and **part-time permanent employees** of participating employer groups. The employer **must** enrol the employee immediately upon becoming eligible. If the required hours of work are reduced, continuation of coverage will be allowed, provided the minimum does not fall below 33 1/3% of full-time employment.

## Employee Eligibility Criteria

The eligibility criteria for employees to participate in the LTD Plan are as follows:

- ◆ Be employed in a **permanent position**, and be required to work:
  - ◆ at least 35 hours per week on a full-time basis; or
  - ◆ at least 40% of full-time regular work week on a regularly scheduled basis.

Those whose employment is casual, seasonal, or temporary term, as well as those on a Personal Service Contract or co-op students, are **not eligible** to participate in the LTD Plan.

Dependents are not eligible to participate in the Plan.

**NOTE:** Employees should contact their human resources team or refer to their Collective Agreement if they are unsure whether they belong to a participating employer group.

## Termination of Coverage

LTD Plan coverage will automatically terminate on the date on which the earliest of the following events occurs:

- ◆ the employee no longer satisfies the definition of an employee;
- ◆ the employee ceases to be actively employed, except in cases of employment interruptions listed on page 14.
- ◆ the employee enters into the armed forces of any country on a full-time basis;
- ◆ this Plan terminates, or coverage on the group, or division to which the Employee belongs, terminates;
- ◆ the date the Plan is deemed to be wound-up;
- ◆ the employee participates in a strike unless there is an agreement in place that states otherwise. Coverage resumes when the Employee reports back to work.
- ◆ the date of retirement if the employee retires before the age of 65. Otherwise, the following bullet point will apply:
  - ◆ four (4) months prior to the date on which the employee is eligible for an unreduced pension or age 65;
- ◆ the date when the employee's accumulated sick leave (up to a maximum of 12 months) will ensure salary continuation until the date on which they reach age 65; or
- ◆ the employee dies.

# Calculation of the Monthly LTD Premium and Benefit

Employees are responsible for paying the entirety (100%) of premiums. This ensures that the LTD benefit, if received, is non-taxable. The monthly premium is deducted via the employee's pay, or alternative arrangements if on an [approved leave of absence](#).

The LTD Plan has three (3) groups of participants, and each division has a separate rate based on employee experience (usage).

Divisions	Rates per \$100 of benefit (Effective April 1, 2025)
<b>Division 1 - General Group</b> Government Departments, Agencies, School Districts, Hospitals, Crown Corporations, and Commissions.	\$2.88
<b>Division 2 - Nurses</b> Registered Nurses working in hospitals, nursing homes, public/mental health and the Extra-Mural Program; Licensed Practical Nurses in the Public Sector.	\$5.77
<b>Division 3 - CUPE 1251</b> Government Departments (CUPE Local 1251), Community Colleges (CUPE Locals 5026 & 5017), and others through Transfer Agreements.	\$4.27

The monthly premium is calculated by multiplying the rate for the applicable participating group by the monthly LTD benefit the employee would receive (see calculation information below), divided by \$100. Thus, it is expressed as "\$ rate/\$100 of benefit."

Benefit payments are calculated based on the employee's gross monthly salary at date of becoming disabled. The overall maximum benefit payment is \$12,000 per month.

Gross monthly salary **includes** acting pay, education increments, responsibility allowance and penological allowance but **excludes** overtime, clothing allowance, standby/recall, transportation allowance, shift differential, retroactive salary payments and any other payments or allowances.

## LTD Monthly Benefit Formula



**Example:**

For an employee with an annual gross salary of \$60,000 (\$5,000/month), using the formula, the monthly benefit will be:

60% of the first \$2,500 is \$1,500	+	50% of the next \$2,250 is \$1,125	+	40% of the remainder \$250 is \$100	=	LTD monthly benefit of \$2,725
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**LTD Monthly Premium Calculation**

Using the example above, if the employee is a nurse, then multiply the \$2,725 monthly benefit by the rate of 5.77% (which is the rate per \$100 of benefit as per the table on the previous page) to get the monthly premium contribution of \$157.23.

# Qualification for the LTD Benefit

The illness or injury must prevent the employee from working for a period of at least four (4) months. This period of time is called the **“qualifying period”**.

To qualify for the benefit the employee must:

- ◆ meet the definition of [Total Disability](#)
- ◆ continue to pay premiums during the four (4) month qualifying period (which begins on the date the leave started);
- ◆ ensure that the disability is medically documented; and
- ◆ be under the care of a physician.

**IMPORTANT:** If the LTD monthly premiums are not paid during the qualifying period, the employee will not be eligible for the LTD benefit and **no retroactive payments will be accepted**.

## Options for premium payments during the qualifying period

- ◆ If the employee has at least four (4) months of paid sick leave to cover the qualifying period, premiums will continue to be deducted from their pay through payroll deductions.
- ◆ If the employee has more than four (4) months of accumulated sick leave and if approved for the LTD benefit, they may choose to exhaust their remaining sick leave before collecting the LTD benefit. If the employee chooses to use sick leave beyond the 4-month qualifying period, then the LTD benefit becomes payable after the paid leave ceases.
- ◆ If the employee is not entitled to paid sick leave or has exhausted their paid sick leave credits before the LTD benefit begins, they can consider applying for Employment Insurance (EI) Sickness Benefits. To apply, or for more information on the EI Sickness Benefit, visit the Service Canada website or call Service Canada at 1-800-206-7218 or TTY 1-800-1-800-926-9105.

While on sick leave without pay, to continue LTD coverage and premium payments during the 4-month qualifying period, the employee must complete and submit the [Continuation of Employee Benefits Coverage - Leave of Absence without Pay/Layoff Form](#) within **60 calendar days** of the leave commencing and the premiums must be paid directly to the Plan Administrator (Vestcor) via monthly post-dated cheques or money orders.

## **Total Disability**

The definition of **“total disability”** requires that an employee be mentally or physically unable to perform the regularly required duties of their normal occupation. The disability must be medically documented, and the employee must be under the care of a physician.

After 24 months of total disability, a [change of definition](#) can occur and requires that the employee be mentally or physically unable to perform the regularly required duties of:

- ◆ their normal occupation; and
- ◆ any occupation for which the employee:
  - ◆ would earn at least 75% of their pre-disability salary; and
  - ◆ is reasonably qualified for, or may so become through training, education, or experience.

The loss of a professional or occupational licence or certification does not itself constitute total disability. The availability of work is not considered when assessing total disability.

### **When and how to apply for LTD**

If the employee believes that they will be absent from work for at least four (4) months, it is recommended that they apply for the LTD benefit within 8-10 weeks of the date that they started their leave, even if they remain on paid sick leave. Applying for the LTD benefit within the recommended timeframe will help ensure there is no gap in financial support, should they be approved for the benefit.

The application for the LTD benefit **must** be submitted **within 10 months** of the date of disability (the day after the employee's last day worked). Applications received outside the required timeframe will not be assessed and the benefit will not be paid.

Applications may not be assessed if total disability no longer persists.

To apply for the LTD benefit, the employee can use the Claim Checklist in [Appendix B](#) and the Claim Application Guide for Employees in [Appendix C](#). These appendices are intended to assist the employee in the completion of the necessary forms. Included in these appendices are samples of the forms with highlighted sections that, if incorrectly filled out, most commonly cause delays in claim assessment. **The best thing the employee can do to prevent delays is to ensure that all sections are completed accurately and in full.**

To ensure confidentiality of medical information, the employee should submit the [Employee Statement](#) to the Plan Administrator (Vestcor) and the [Attending Physician's Statement](#) to the Claims Administrator (MBC). The forms should not be sent to the employer.

The employer is responsible to complete the [Employer Statement](#) and send it directly to the Plan Administrator (Vestcor) along with the job description.

**NOTE:** For an employee who qualifies for benefits under the **Workers' Compensation Act**, overseen by WorkSafeNB, it is recommended that they also apply for the LTD benefit at the same time as applying for WorkSafe. This will ensure that a case file is open with the Claims Administrator (MBC) and that the 4-month qualifying period is accounted for in the event that the employee needs to move to LTD once the WorkSafe benefit payments cease.

### **Canada Pension Plan / Quebec Pension Plan (CPP/QPP)**

If it appears that the employee's total disability will extend beyond one year, the Claims Administrator (MBC) will advise the employee that they are required to apply for CPP/QPP disability benefit.

If the employee fails to apply for CPP/QPP disability benefit as requested, the Claims Administrator (MBC) may reduce the LTD benefit payable by the amount the CPP/QPP had the employee applied, unless the employee is able to provide proof that an application was made, benefit was denied, and all available levels of appeal have been exhausted.

### **Pre-Existing Conditions**

There is a pre-existing conditions limitation. If, within 12 months of participating in the LTD Plan, the employee becomes totally disabled due to any condition which existed and was known prior to becoming covered, the LTD benefit will be paid only if they have completed three (3) consecutive months of work without absence due to that condition.

After 12 months of being covered or three (3) consecutive months of work without absence due to the pre-existing condition (whichever comes first), this restriction will no longer apply. This limitation will not affect any claim due to non-pre-existing conditions.

### **Termination of the benefit**

The benefit payments will cease if one of the following events occur:

- ◆ the employee is no longer totally disabled;
- ◆ the employee does not comply, or ceases to comply to provide proof of continuing disability;
- ◆ the employee refuses or fails to undergo, medical, psychiatric, psychological, educational and/or vocational examinations and evaluations by examiners selected by the Claims Administrator (MBC);
- ◆ the employee is not under the continuous regular care of a medical physician(s), and/or specialist(s);
- ◆ the employee refuses or fails to: undergo medical, psychiatric or psychological treatment, or participate in a Rehabilitation Program or alcoholism, drug addiction or substance abuse treatment program, considered beneficial to the employee as recommended by the Claims Administrator (MBC);
- ◆ the employee refuses to complete and return a reimbursement agreement form or comply with the terms of a signed reimbursement agreement form, when requested, in relation to third-party liability;
- ◆ the employee is incarcerated in a prison or mental facility by authority of a criminal court;
- ◆ the employee attains the age of 65 (or 60, if the date of disability was prior to April 1, 2014); or
- ◆ the employee dies. In such event, the last payment will include the date of death.

# Additional Information

## Change of Definition

24 months after the date in which the LTD benefit was approved, and it is apparent that a return to their normal occupation is not possible, the definition of [total Disability](#) changes. The focus shifts to finding any occupation for the employee, in which the monthly salary is at least 75% of the monthly salary of their normal occupation.

When searching for another occupation, the Claims Administrator (MBC) will consider anything located within a one-hour radius to be reasonable (one hour each way). If the employee's pre-disability commute was longer than one hour, that will also be considered as reasonable. If the jobs identified on a Transferable Skills Analysis (TSA) do not exist in that radius and cannot be completed in a work from home capacity, the employee will continue to receive the LTD benefit payments.

## Rehabilitation/Return to Work

The LTD Plan provides a rehabilitation/return to work program which is tailored to individual needs. There may be a time when, although the employee is not fully recovered, they could return to work on a gradual basis (gradual return to work (GRTW)). They will then be required to participate in a rehabilitation/return to work program. Monthly LTD benefit payments will not cease for an employee who is able to work under a rehabilitation program and who receives rehabilitation income. The LTD benefit will be reduced by 50% of the rehabilitation gross income received. Total income cannot exceed 100% of the employee's pre-disability net income.

### How does a rehabilitation/return to word program work?

- ◆ the Claims Administrator (MBC) creates a return-to-work plan
- ◆ the return-to-work plan is shared with employee;
- ◆ the Claims Administrator (MBC) connects with the employer to discuss the return-to-work plan and possible accommodations;
- ◆ the final plan is shared with the employee and treatment team for approval; and
- ◆ the employee will be supported by the Claims Administrator (MBC) until they reach 75% of their regular duties and hours.

If a GRTW cannot be accommodated by the employer, the rehab program would try to duplicate a return to work in a clinical setting to confirm the employee's functional capabilities.

## Recurring Disabilities

An employee who returns to work and finds they are not able to continue, **will not** be required to satisfy a second 4-month qualifying period for the LTD benefit, if the disability is a **recurrence** of the previous condition.

A disability will be considered **recurrent** if the period of return to active work is **less than six (6) months on a full-time basis**, and if it results from an injury or illness that is **directly related** to the causes of the original disability.

If an employee ceases to be totally disabled during the qualifying period and then becomes totally disabled again within one month due to the same condition, the qualifying period is extended by the number of days during which total disability ceased (days worked).

### **Other sources of income**

The LTD benefit **is not payable** while an employee is eligible to receive a benefit under the *Workers' Compensation Act*.

The monthly LTD benefit **is not** reduced by income received from individual disability insurance plans or benefits paid directly to the employee for dependents.

The monthly LTD benefit **is reduced** by amounts (dollar-for-dollar offset) received from:

- ◆ CPP/QPP;
- ◆ earnings from employer paid leave (e.g., sick leave, vacation);
- ◆ other group, association or franchise disability insurance plans;
- ◆ other government disability benefit plans, excluding Employment Insurance (EI);
- ◆ earnings or payments from any employer, excluding lump sum payments which may be made by the employer on termination of employment;
- ◆ reduced early retirement pension or unreduced pension provided by the employer;
- ◆ income replacement indemnity payable under any automobile insurance plan; and
- ◆ earnings recovered through legal action under Third Party Liability.

If income from all other sources listed above, including CPP/QPP benefits, plus the initial LTD benefit exceeds 85% of the employee's pre-disability [net salary](#), the excess amount will be deducted from the initial LTD benefit.

### **Examples of 85% all source max:**

Scenario No. 1	Scenario No. 2
Annual salary \$60,000	Annual salary \$60,000
Monthly salary \$5,000	Monthly salary \$5,000
Net Monthly salary \$4,097.68	Net Monthly salary \$4,097.68
85% of net monthly salary = \$3,483.03	85% of net monthly salary = \$3,483.03
Monthly LTD benefit \$2,725	Monthly LTD benefit \$2,725
Receive \$9,000 from 3 <sup>rd</sup> party liability claim. Divide by 12 = \$750/month	Receive \$40,000 from 3 <sup>rd</sup> party liability claim Divide by 12 = \$3,333.33/month
\$2,725+\$750 = \$3,475 < 85% pre-disability net salary	\$2,725+\$3,333.33 = \$6,058.33 > 85% of pre-disability net salary
<b>NO IMPACT</b>	<b>IMPACT</b> LTD benefit would be reduced by \$2,575.30 to a monthly benefit of \$149.70/month for 12 months.

### **Third Party Liability**

If the employee has a successful cause of (legal) action against a Third Party for income lost as a result of total disability, the employee's LTD benefit will be payable as outlined in the other sources of income listed above.

However, prior to the commencement of LTD benefit payments, the employee will be required to complete an agreement form, agreeing to reimburse the LTD Plan as the result of an award or settlement with the third-party, the amount not to exceed the total amount of LTD benefit payments received.

## **Limitations and Exclusions**

The LTD benefit **will not be paid** if disability results from:

- ◆ intentional self-inflicted injuries or illness;
- ◆ insurrection, war, service in the armed forces;
- ◆ participation in a riot;
- ◆ committing or attempting to commit a crime; or
- ◆ alcoholism, drug addiction or the use of any hallucinogen, unless the employee is participating in a therapeutic program approved by the Claims Administrator (MBC) and is under continuous medical supervision by a specialist in the field.

## **LTD Claim Appeal Process**

If the employee does not agree with a decision that has been made by the Claims Administrator (MBC) with respect to their application for LTD, there are two levels of appeal available to them.

**Level 1** – Review of new information by the Claims Administrator's (MBC) Appeal Specialist.

- ◆ Notice of the employee's intent to appeal must be forwarded in writing to the Claims Administrator (MBC) **within 30 days** from the date of their denial letter.
- ◆ The employee must provide the information specified in their denial letter **within 90 days** from the date of their denial letter.
- ◆ New information that is required for review should include:
  - ◆ the information specified in the denial letter; and
  - ◆ any other information supporting their appeal.

**Level 2** – Review of new information by the Claims Administrator's (MBC) Special Appeals' Committee.

This Committee includes an Appeal Specialist from the Claims Administrator's (MBC), a Medical Consultant and a Lawyer. **Note:** The Appeal Specialist is not the same individual that made the decision at the first level of appeal and will not have been involved in the file until the second level of appeal referral is made.

- ◆ Notice of the employee's intent to appeal must be forwarded in writing to the Claims Administrator (MBC) **within 30 days** from the date of their denial letter at the first level appeal.
- ◆ The employee must provide new information in written form **within 90 days** from the date of their denial letter at the first level appeal.
- ◆ New information that will be accepted should include:
  - ◆ medical information not previously submitted; and
  - ◆ any other information supporting their appeal.

**NOTE:** During the appeal process, the Claims Administrator (MBC) may reach out to the employer or direct supervisor to confirm they fully understand the physical and cognitive demands of the job and to discuss such things as the employee's function, attendance, performance etc. or obtain and clarify information.

# Waiver of Premium

The Waiver of Premium (WOP) benefit allows for the **continuation** of the employee's benefits coverage without payment of premiums when they are approved for the LTD benefit. A WOP applies to all benefit plans (except Business Travel) in effect at the time the WOP starts and is available to the employee who:

- ◆ is deemed [totally disabled](#) for a continuous period of at least four (4) months (qualifying period);
- ◆ has been approved for the LTD benefit; and
- ◆ has paid their premiums during the 4-month qualifying period.

Once the WOP has been approved, the employee and their employer will receive a letter from the Plan Administrator (Vestcor) detailing the following information:

- ◆ the list of benefits for which the WOP is approved;
- ◆ the effective date for the WOP; and
- ◆ the maximum WOP benefit period for each benefit.

**IMPORTANT:** During the 4-month qualifying period, both the employee and employer **must continue to pay the premiums** for all the benefits that the employee has chosen to continue. If premiums are not paid during the qualifying period, the employee is effectively waiving their right to the WOP benefit. Consequently, all benefits for which premiums are not paid during the qualifying period will be ineligible for a WOP thereafter.

## When and how to apply for WOP

An employee must apply for the WOP at the same time as they submit their LTD claim. Refer to page 5 of this booklet for more information.

**NOTE:** For employees who qualify for benefits under the **Workers' Compensation Act**, overseen by WorkSafeNB, the WOP application must be submitted at the same time as the claim for the Worker's Compensation benefit, within the 4-month qualifying period. Doing so will avoid any delays in the assessment of eligibility for the WOP and determining when the benefit period begins. The *Workers' Compensation Act* and WOP rely upon distinct definitions of "disability", and thus approval of one benefit does not guarantee approval of the other.

To apply for the WOP, the employee, the attending physician and the employer **must** complete:

- ◆ the [Employee Statement](#) and sends it to the Plan Administrator (Vestcor).
- ◆ the [Attending Physician's Statement](#) and sends it to the Claims Administrator (MBC).
- ◆ the [Employer Statement](#) and sends it to the Plan Administrator (Vestcor).

The WOP application must be submitted as soon as possible and **during the 4-month qualifying period**.

Applications may not be assessed if submitted prior to the onset of total disability, or if total disability no longer persists.

Applications submitted later than 10 months after the onset of total disability may not be assessed.

## **Waiver of Premium Period**

If approved, the WOP will become effective once the 4-month qualifying period has concluded and the employee is no longer on paid leave. In other words, the employee may use approved leave with full or partial pay during the qualifying period, however WOP will not take effect until all salary payments cease.

The **effective date** of a WOP is the first day of the month following the date of its approval. For example, if the WOP is approved anytime between the 2<sup>nd</sup> day of the month and the end of the month, the waiver starts on the 1<sup>st</sup> day of the following month.

However, if the employee continues to receive any type of salary continuance (sick leave, vacation days, etc.) after the WOP's approval date, the WOP's effective date will be the first day of the month following the end of any salary continuance.

Premium payments are not required from either the employee or the employer while a WOP is in effect.

**NOTE:** The WOP for Health, Travel and Dental (HTD) **expires after 24 months** and cannot be in effect while an employee is receiving any type of salary continuance. Therefore, the WOP period will be shorter if the employee continues to receive full or partial pay after its approval date.

<b>Example #1:</b>	
Date of Disability:	November 3, 2023
WOP Approval Date:	March 4, 2024 (completion of 4-month qualifying period)
Paid Sick Leave/Salary Continuation:	Has stopped
WOP Effective Date (WOP begins):	April 1, 2024
Eligible WOP Period for HTD:	April 2024 to March 2026 (24 months)

<b>Example #2</b>	
Date of Disability:	November 3, 2023
WOP Approval Date:	March 4, 2024 (completion of 4-month qualifying period)
Paid Sick Leave/Salary Continuation:	Stops on June 9, 2024
WOP Effective Date (WOP begins):	July 1, 2024 (after sick leave/salary continuance stops)
Eligible WOP Period for HTD:	July 2024 to March 2026 (21 months)

When the maximum WOP benefit period for Health, Travel and Dental is approaching, the Plan Administrator (Vestcor) will notify both the judge and the employer in writing of the date in which the WOP will terminate. This letter will also provide instructions for the continuation of coverage beyond the maximum benefit period. Maximum Benefit Periods are provided in the table below:

<b>Benefit Plan</b>	<b>Maximum Benefit Period</b>
Life and AD&D	65 years of age
Health, Travel, and Dental	24 months after the WOP's approval date <b>or</b> upon the employee turning 65 years of age whichever occurs first
LTD (Long Term Disability)	65 years of age (age 60 if the date of disability was prior to April 1, 2014)

### **Waiver of Premium Termination**

The waiver of premium terminates on the earliest of the date:

- ◆ the employee no longer meets the definition of total disability;
- ◆ the employee engages in any occupation for remuneration or profit, except for a rehabilitation program pre-approved by the Claims Administrator (MBC);
- ◆ the employee fails to submit the required proof of total disability;
- ◆ the employee reaches age 65;
- ◆ the employee retires;
- ◆ the employee's employment terminates;
- ◆ the coverage terminates for the class of employees to which the employee belongs;
- ◆ the benefit or policy terminates;
- ◆ the employee reaches the maximum benefit period (outlined in the table above); or
- ◆ the employee dies.

### **Limitations and Exclusions**

A WOP **will not** be approved if total disability occurs as the result of:

- ◆ intentional self-inflicted injuries or illness;
- ◆ insurrection, war, or service in the armed forces;
- ◆ participation in a riot;
- ◆ committing or attempting to commit a crime; or
- ◆ alcoholism, drug addiction, or the use of any hallucinogen (unless the employee is participating in a therapeutic program approved by the Claims Administrator (MBC) and is under medical supervision by a specialist).

# Continuation of Coverage while on Leave or Layoff

When an interruption of employment occurs, the employee may be eligible to continue their LTD coverage for a specified period of time.

## **Approved Leave of Absence**

If an employee is on a **leave of absence with full or partial pay**, coverage for LTD will automatically continue for the duration of the leave and premium payments will continue via payroll deduction.

If the employee is on **leave without pay (LWOP)**, they may **choose to continue coverage** for LTD by completing the [Continuation of Employee Benefits Coverage – Leave of Absence without Pay/Layoff](#) form **within 60 calendar days** of the leave commencing and submitting it to the Plan Administrator (Vestcor) and the employer. Premiums for LTD coverage must be paid directly to the Plan Administrator (Vestcor) via monthly post-dated cheques or money orders.

If the employee **chooses to discontinue coverage**, they must complete and submit the form [Continuation of Employee Benefits Coverage – Leave of Absence without Pay/Layoff](#) indicating their choice not to continue. **Their coverage will end on the last day of the month for which the last premium payment paid for** and will then be suspended. Coverage will only be **reinstated upon the employee's return to work**.

**IMPORTANT:** If the LTD monthly premiums are not paid during the LWOP, the employee will not be eligible for the LTD benefit if an illness should occur. The employee is effectively waiving their right to the LTD benefit. **No retroactive payments will be accepted.**

The maximum duration in which an employee may continue coverage during an **unpaid leave** is dependent upon the type of leave and is outlined in the table below.

	Long Term Disability
Adoption	Duration of leave
Career Development	Up to 12 months
Child Care	Duration of leave
Deferred Salary	Up to 12 months
Educational	Up to 12 months
Entrepreneurial	Up to 12 months
General	Up to 12 months
Maternity	Duration of leave
Nomination/Election	Continuation of Coverage Not Permitted
Sick Leave	Duration of leave prior to LTD approval
Summer-off	Up to 2 months

## **Layoff or Termination**

The employee who has been laid-off, terminated or terminates their own employment is no longer eligible to participate in the LTD Plan.

# Contacts

## **Medavie Blue Cross (Claims Administrator / Insurer)**

Contact Medavie Blue Cross' Customer Information Contact Centre for inquires concerning:

- ◆ the assessment of the claim;
- ◆ the benefit payments;
- ◆ the LTD Claim Appeal Process; and
- ◆ the rehabilitation/gradual return to work program.

Phone: 1-877-347-5055 (Atlantic region)

Email: [inquiry@medavie.bluecross.ca](mailto:inquiry@medavie.bluecross.ca)

Website: [www.medaviebc.ca](http://www.medaviebc.ca)

## **Vestcor (Plan Administrator) or Employer**

Contact Vestcor's Member Services Team or your employer for inquires concerning:

- ◆ eligibility;
- ◆ payment of premiums;
- ◆ waiver of premiums; and
- ◆ continuation of coverage during interruptions of employment.

Phone: 506-453-2296 (Fredericton area) or 1-800-561-4012 (toll free)

Email: [info@vestcor.org](mailto:info@vestcor.org)

Website: [www.vestcor.org/benefits](http://www.vestcor.org/benefits)

# Applications and Forms

**Note:** All the forms listed below are available on the Vestcor website ([www.vestcor.org/benefits](http://www.vestcor.org/benefits)).

## **Participation and Enrolment**

[Active Employee Enrolment/Change Form](#)

[LTD Enrolment Card for Nurses of the NB Nursing Homes](#)

## **Long Term Disability and Waiver of Premium**

[Attending Physician's Statement – Application for Benefits](#)

[Employee Statement – Application for Benefits](#)

[Employer Statement – Application for Benefits](#)

## **Interruption of Employment**

[Continuation of Employee Benefits Coverage – Leave of Absence without Pay/Layoff](#)

[Continuation of Employee Benefits Coverage – Leave of Absence without Pay for Nurses employed in Nursing Homes and Employees of WorkSafe NB](#)

# Appendix A: Definitions

<b>Actively at Work</b>	Active performance of work for the employer whereby the employee reports for work at their usual place of employment (or other location to which the employer requires them to travel) and is physically and mentally fit to perform the regularly required duties of their normal occupation (or other work that the employer may temporarily assign for them to perform). This employee is also considered to be actively employed on weekends, statutory holidays, vacation, and while on extended leave.
<b>Gross Salary</b>	Gross monthly salary <u>includes</u> acting pay, education increments, responsibility allowance and penological allowance <u>but excludes</u> overtime, clothing allowance, standby/recall, transportation allowance, shift differential, retroactive salary payments and any other payments or allowances.
<b>Net Salary</b>	Salary less federal and provincial income taxes only.
<b>Normal Occupation</b>	The regular occupation an employee was performing at the time they became disabled by the condition that prevented them from working and led to a claim being made under the LTD Plan.
<b>Pre-disability Salary</b>	The employee's gross monthly salary, from the employer, immediately prior to the date Total Disability commenced .
<b>Qualifying Period</b>	An initial period of Total Disability before the benefit becomes payable. If an employee ceases to be Totally Disabled during this four (4) month period and then becomes Totally Disabled again within one month due to the same cause, the Qualifying Period will be extended by the number of days during which Total Disability ceased.
<b>Rehabilitation Income</b>	Income that the employee receives for work performed under a Rehabilitation Program, including self-employed activity.
<b>Rehabilitation Program</b>	A plan of training or work-related activity recommended or approved by the Claims Administrator (MBC), which is designed to help a disabled employee re-enter the work force.
<b>Salary</b>	Gross monthly salary <u>includes</u> acting pay, education increments, responsibility allowance and penological allowance <u>but excludes</u> overtime, clothing allowance, standby/recall, transportation allowance, shift differential, retroactive salary payments and any other payments or allowances.
<b>WorksafeNB</b>	Worksafe NB is a Crown corporation charged with overseeing the implementation and application of the following four pieces of legislation on behalf of the workers and employers of this province: <ul style="list-style-type: none"> <li>• the <i>Workplace Health, Safety and Compensation Commission Act</i></li> <li>• the <i>Workers' Compensation Act</i></li> <li>• the <i>Occupational Health and Safety Act</i></li> <li>• the <i>Firefighters' Compensation Act</i></li> </ul> For more information, visit the WorkSafe NB website: <a href="http://www.worksafenb.ca">www.worksafenb.ca</a>

# Appendix B: Claim Checklist

 The following checklist will assist you in making your LTD claim and request a WOP.

**\*\*IMPORTANT\*\* To avoid delays in the processing of your claim, it is your responsibility to ensure that you have completed the following steps before submitting your forms.**

- I have read the [Qualification for the LTD Benefit](#) section to verify my eligibility to make a claim.  
*If you are unsure of eligibility or have questions, contact your employer or Vestcor's Member Services Team.*
- I have answered all the questions on the [Employee Statement](#) and attached a copy of my birth certificate.
- I have attached the [Attending Physician's Statement](#).
- I have completed all sections in full.
- I have continued paying my premiums through payroll deductions during my leave with pay (if applicable).
- I have completed the [Continuation of Employee Benefits Coverage - Leave of Absence without Pay/Layoff Form](#) for the benefits I want to continue during my leave without pay (if applicable) and sent it to the Plan Administrator (Vestcor) and/or my employer with post-dated cheques or money orders within 60 calendar days from the date my leave without pay started.  
**\*\*IMPORTANT\*\* If this timeframe is not respected, your form and cheques may be returned, and you will not be eligible for LTD and WOP benefits.**

# Appendix C: LTD Benefit Claim Application Guide for Employees

## Important notes on completing the Employee Statement



### EMPLOYEE STATEMENT – APPLICATION FOR BENEFITS

LONG TERM DISABILITY (LTD) BENEFITS  
 CONTINUATION OF COVERAGE DURING DISABILITY (WAIVER OF PREMIUM)

Complete and return to: **Vestcor**  
P.O. Box 6000, Fredericton, NB E3B 5H1  
Telephone: (506) 453-2296 Toll Free in Canada: 1-800-561-4012 Fax: (506) 457-7388

1. EMPLOYEE INFORMATION (Please Print)

Name (first/last) \_\_\_\_\_

Sex:  male  female Date of Birth 

D	M	Y
---	---	---

 Attach copy of birth certificate. SIN 

--	--	--	--	--	--	--	--

Employer (name, department, agency, hospital, school district or other) \_\_\_\_\_

Latest Occupation \_\_\_\_\_

2. APPLICATION FOR BENEFITS INFORMATION - Please identify which benefits you are claiming.

a)  Long Term Disability (LTD) Benefits

b)  Continuation of coverage while disabled - please indicate which plans apply:

<input type="checkbox"/> Accidental Death & Dismemberment Insurance	<input type="checkbox"/> Long Term Disability Plan	<input type="checkbox"/> Basic Life Insurance
<input type="checkbox"/> Supplementary Life Insurance	<input type="checkbox"/> Dependant Life Insurance	
<input type="checkbox"/> Health and/or Dental Plans Policy # _____ Identification # _____ (Located on your Medavie Blue Cross ID card)		

c)  Disability Pension (under Teacher's Pension Plan only)

Remember to complete this section if you are continuing your coverage during your disability period.

3. INCOME/BENEFIT INFORMATION

Are you receiving salary continuation (paid sick leave, vacation) from your employer?  Yes  No If yes, to what date? (d/m/y) \_\_\_\_\_

Have you applied for Disability Benefits from the Canada Pension Plan or the Quebec Pension Plan?  Yes  No

Is this claim the result of a work related injury/illness - past or present?  Yes  No

Has a claim been filed under the Worker's Compensation Act?  Yes  No If yes, are benefits payable?  Yes  No  Decision Pending

Is this claim the result of a motor vehicle accident?  Yes  No If yes, is there any legal action involved?  Yes  No

If yes, please provide lawyer's name and address: \_\_\_\_\_

Are you claiming or receiving salary replacement disability benefits from another group insurance, association or franchise plan?  Yes  No

If yes, name of insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

4. MEDICAL CONDITION AND WORK INFORMATION

When did symptoms begin that developed into your present medical condition? \_\_\_\_\_

From what date has your condition prevented you from working? (d/m/y) \_\_\_\_\_

Describe your present medical condition, its cause and history. (If you were injured as a result of an accident, describe what happened, when and where it took place.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of your regular job functions could you still fulfill? \_\_\_\_\_

Which of your regular job functions could you not fulfill? \_\_\_\_\_

Have you attempted to return to work?  Yes  No If yes check where applicable:  full-time  part-time  regular duties  modified duties  other employer

If no, when do you expect to return to your regular occupation? (d/m/y) \_\_\_\_\_ - any other occupation? (d/m/y) \_\_\_\_\_

Have you previously claimed long-term disability or continuation of coverage benefits  Yes  No  
under benefit plans for Employees of the Province of N.B.?

Have you had a similar injury or illness in the past?  Yes  No If yes, describe, including original date  
and if any leave was taken from work: \_\_\_\_\_

Please provide any additional information that you believe should be  
considered in assessing your claim. (Attach additional sheets if needed.) \_\_\_\_\_

5. MEDICAL INFORMATION

**To reduce delays in the assessment of your claim, attach all available test results, consultation reports and hospital discharge summaries - in addition to the Attending Physician Statement.**

List all Physicians (including any other specialist or health care practitioner) that you have seen for your present medical condition.

Name of Physician/Specialist	Type of Practitioner	Address	Date of 1st visit	Date of next visit	Date(s)of Hospitalization

6. EDUCATION, TRAINING AND EXPERIENCE INFORMATION (Attach copy of current resume or complete information where applicable.)

Highest grade level of education completed \_\_\_\_\_ Technical/Trade School \_\_\_\_\_ Type of Diploma obtained \_\_\_\_\_  
College/University \_\_\_\_\_ Years completed \_\_\_\_\_ Type of Diploma obtained \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_

Briefly describe types of employment held in last 15 years: \_\_\_\_\_

List any technical, administrative or special interest courses taken: \_\_\_\_\_

List skills acquired in current and previous positions:

(E.g. typing, operation of equipment, supervisory skills, special licenses or designations) \_\_\_\_\_

Remember to sign  
and date your  
claim form.

7. If applicable, I hereby authorize release of my name to my union as a Long Term Disability claimant.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Optional

8. ASSIGNMENT, CERTIFICATION AND AUTHORIZATION (SIGNATURE REQUIRED)

I certify that the information in this form is true and complete. I understand the Claims Administrator may investigate this claim. I authorize my employer, physician, practitioner, health care professional, hospital, health care institution, medical organization, clinic and any other medically-related facility, insurance company, Worker's Compensation authority, Canada or Quebec Pension Plan, group plan administrator, employer-sponsored pension plan administrator, to release and exchange with the Claims Administrator and the Plan Administrator any medical or benefit payment information to process or manage my claim. I agree that a photocopy of this authorization shall be as valid as the original. I understand that any charges for having forms completed or medical reports are my responsibility.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Address and Postal Code: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Required

Include additional claim details. The more information that is provided, the better your chances of reducing delays cause by requests for more information.

## Important notes on completing the Attending Physician's Statement

\*\*Any fees that the physician may charge for the completion of these forms are the employee's responsibility.\*\*



### ATTENDING PHYSICIAN'S STATEMENT - APPLICATION FOR BENEFITS

- LONG TERM DISABILITY (LTD) BENEFITS
- CONTINUATION OF BENEFITS DURING DISABILITY (WAIVER OF PREMIUM)

#### INSTRUCTIONS:

1. Please Print.
2. Part I to be completed by patient.
3. Remainder to be completed by physician.
4. Any charge for completing this form is the patient's responsibility.

\*\*\*\*ATTACH COPIES OF ALL CLINIC NOTES, TEST RESULTS, CONSULTATION REPORTS AND HOSPITAL DISCHARGE SUMMARIES\*\*\*\*

#### PART I: PATIENT AUTHORIZATION: (Allowing your Physician to complete and submit this form)

Name: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

I hereby authorize the release of any information herein requested by my insurer or its agents.

Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

Employee must complete this section first and then give to physician for completion.

#### PART II: HISTORY OF PRESENT CONDITION(S)

1. If the condition is related to pregnancy, indicate the date or expected date of delivery (DD/MM/YYYY): \_\_\_\_\_  
(attach prenatal clinical notes)

2. Is the condition due to injury or sickness arising out of the patient's employment?  
Have Worksafe New Brunswick forms been completed?

Yes  No  Unknown  
 Yes  No  Unknown

3. a) Primary Diagnosis: \_\_\_\_\_ Scale: DSM ( \_\_\_\_\_ ) Grade ( \_\_\_\_\_ )  
\_\_\_\_\_ Class ( \_\_\_\_\_ ) Stage ( \_\_\_\_\_ )

b) Secondary Diagnosis: \_\_\_\_\_ Scale: DSM ( \_\_\_\_\_ ) Grade ( \_\_\_\_\_ )  
\_\_\_\_\_ Class ( \_\_\_\_\_ ) Stage ( \_\_\_\_\_ )

c) Date symptoms first appeared or accident happened (DD/MM/YYYY): \_\_\_\_\_

d) Initial date of examination for this condition (DD/MM/YYYY): \_\_\_\_\_

e) Patient was unable to work as of (DD/MM/YYYY): \_\_\_\_\_

f) Symptoms (include severity and frequency): \_\_\_\_\_  
\_\_\_\_\_

g) What aspects of their condition affects the patient's ability to work?: \_\_\_\_\_  
\_\_\_\_\_

#### PART III: FACTORS AFFECTING RECOVERY

Addiction \_\_\_\_\_  
 Diet \_\_\_\_\_  
 Work Environment \_\_\_\_\_  
 Home Environment \_\_\_\_\_  
 Social and Family Issues \_\_\_\_\_

Family History of Present Condition \_\_\_\_\_  
 Current: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Right or left hand dominant: \_\_\_\_\_  
 Past Medical History \_\_\_\_\_

Has the patient previously had a similar condition?  Yes  No If yes, please specify date of initial onset. \_\_\_\_\_

Name of Patient: \_\_\_\_\_

**PART IV: MANAGEMENT PLAN FOR THE CURRENT CONDITION**

Hospitalization date(s) - include Admission/Discharge Summaries \_\_\_\_\_

DD	MM	STARTED	YYYY

Surgery date(s) and type - include Operative Report(s) \_\_\_\_\_


Medication Name \_\_\_\_\_

Dosage \_\_\_\_\_

Date Prescribed \_\_\_\_\_

Discontinued?  Yes  No

Discontinued?  Yes  No

Discontinued?  Yes  No

Name \_\_\_\_\_

Specialty \_\_\_\_\_

DD	MM	YYYY

Specialist \_\_\_\_\_

Additional Planned Testing \_\_\_\_\_

Therapist \_\_\_\_\_

Other \_\_\_\_\_

Is patient following the recommended treatment program?  Yes  No

**PART V: CARDIAC CONDITION - COMPLETE IF APPLICABLE  N/A**

1. Clinical Findings:

Chest pain  Syncope  Fatigue  Dyspnea due to vascular congestion/hypoxia  Psychophysiology

Blood pressure readings (at least three) at onset of current condition: \_\_\_\_\_

Other, please specify: \_\_\_\_\_

2. Restrictions and Limitations

Functional Capacity: (Canadian Cardio-vascular Society (CCS))  
 Level 1 (no limitations)  Level 2 (mild impairment)  Level 3 (moderate impairment)  Level 4 (severe impairment)

3. Laboratory / Diagnostic Testing - (attach copies of all relevant test results)

**PART VI: PSYCHIATRIC CONDITION - COMPLETE IF APPLICABLE  N/A**

1. Diagnosis (Please use DSM IV criteria)

Axis I \_\_\_\_\_

**Supporting Data**

Please describe the symptoms (severity and frequency) and medical or psychological test results that support each axis of your diagnosis.

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V Current GAF Global Assessment of Functioning Score

Highest GAF Score in Past Year

Lowest GAF Score in Past Year

2. Have you referred your patient to:

Psychologist?  Yes  No If Yes, please specify date of referral (DD/MM/YYYY): \_\_\_\_\_ Goal: \_\_\_\_\_

Psychiatrist?  Yes  No If Yes, please specify date of referral (DD/MM/YYYY): \_\_\_\_\_ Goal: \_\_\_\_\_

This information is critical to the assessment of a claim. If these reports exist and are not included with the initial submission, the assessment of your claim will be delayed.

Name of Patient: \_\_\_\_\_

**PART VII: MUSCULOSKELETAL CONDITION - COMPLETE IF APPLICABLE**  N/A

1. Symptoms (include severity and frequency):

Area:  Cervical  Thoracic  Lumbosacral  Other \_\_\_\_\_

Type:  Stiffness  Paresthesias  Impaired range of motion  Muscle spasms

2. Clinical Findings (attach copies of X-rays, CT Scan/MRI, Blood Work, etc.):

Neurological deficits: Power  Yes  No If yes, degree: \_\_\_\_\_  
Sensory loss  Yes  No If yes, degree: \_\_\_\_\_  
Reflexes  Yes  No If yes, degree: \_\_\_\_\_

**PART VIII: RESTRICTIONS AND LIMITATIONS - COMPLETE IF APPLICABLE**

Functional capacity (duration in hours):

Sitting: 8 7 6 5 4 3 2 1 Other: \_\_\_\_\_

Standing: 8 7 6 5 4 3 2 1 Other: \_\_\_\_\_

Walking: 8 7 6 5 4 3 2 1 Other: \_\_\_\_\_

What specific factors, if any, interfere with the patient's ability to sit, stand or walk? \_\_\_\_\_

What devices might improve the patient's ability to sit, stand or walk? \_\_\_\_\_

Lift / Carry	Less than 10 lbs / 5kg	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally
	More than 10 lbs / 5kg	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally
	More than 20 lbs / 10kg	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally
	More than 50 lbs / 25kg	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally
Push / Pull	Less than 10 lbs / 5kg	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally
	More than 10 lbs / 5kg	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally
	More than 20 lbs / 10kg	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally
	More than 50 lbs / 25kg	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally

Patient is able to:	Frequency / Duration	Patient is able to:	Frequency / Duration
Drive		Kneel / Squat	
Crouch		Climb Stairs	
Balance		Reach at shoulder level	
Bend / Stoop		Reach above shoulders	
Twist		Reach below shoulders	

**PART IX: TO BE COMPLETED FOR ALL CONDITIONS - ESTIMATED TIME FOR RECOVERY / REHABILITATION PLANNING**

Patient Progress:  None  Regressed  Minimal Improvement  Significant Improvement  Plateaued  Resolved

Prognosis:  Poor  Good

Expected duration of recovery period: \_\_\_\_\_

In your opinion, is the patient a suitable candidate for medical or functional rehabilitation (i.e. conditioning program, counselling, etc.)?

Yes  No Please elaborate on your opinion:

In your opinion, is the patient a suitable candidate for a work re-entry program (i.e. modified duties, gradual return to work, etc.)?

Yes  No Please elaborate on your opinion:

If unable to determine, follow up in \_\_\_\_\_ weeks or \_\_\_\_\_ months

What is being done (or is needed) in the following areas to help your patient return to a productive lifestyle? (Check all appropriate boxes)

Physical Conditioning  Stress Management / Coping Skills  Social Confidence Building  Vocational Counselling

Other \_\_\_\_\_

Please specify any additional information or details that may have a significant impact on the patient's recovery from this condition:

**PART X: ATTENDING PHYSICIAN'S STATEMENT**

Name of Attending Physician (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete and return to: Medavie Blue Cross  
P.O. Box 220, 644 Main Street, Moncton, NB E1C 8L3  
Phone Toll Free in Canada: 1-877-347-5055 Fax: 1-800-644-1722 Disability@medavie.bluecross.ca

Follow up with  
your physician  
to ensure the  
form has been  
completed and  
returned.