



Health Association Nova Scotia is a not-for-profit, non-government, membership-based association with over 60 years' experience in delivering shared services. Serving over 130 health and health-related organizations from across Nova Scotia, we are dedicated to achieving service excellence through innovation, outstanding performance, and an exceptional customer experience. One of our core service offerings is Group Benefits Solutions. We provide a range of comprehensive and cost-effective employee benefits plans, designed to help protect plan members and their families. We offer both mandatory and optional (voluntary) coverage. Your employer may offer all or some of the Health Association's benefits.

The Long Term Disability (LTD) Plan is a 'Self-Insured' plan governed by a legal trust fund. A Board of Trustees reporting to the Health Association Nova Scotia Board of Directors is comprised of equal Union and Employer representation from both acute and non-acute care sectors.

The LTD Trustees are committed to ensuring disability benefits remain available at an affordable cost. Manulife Financial is the Claims Adjudicator for the LTD Plan. Lifemark administers the Personalized Assistance to Health (**path**) Program.

This is a summary of the Health Association Nova Scotia Long Term Disability (LTD) Plan. For more detailed information, visit our website at www.healthassociation.ns.ca/benefits or contact your Benefits Administrator. In the event of a discrepancy between this publication and the LTD Plan Text (the contract), the contract will prevail.

Click this link in our web version to view the LTD Plan Text or visit www.healthassociation.ns.ca/benefits/LTD

ELIGIBILITY

Who is eligible for Long Term Disability (LTD) coverage?

LTD coverage is mandatory for all eligible permanent employees.

You are eligible if you are:

- A **permanent employee** guaranteed to work **at least 28 hours every two weeks** on a permanent basis, or
- A **permanent, part-time employee** who is not regularly scheduled to work at least 28 hours every two weeks but who, over the course of the calendar year, works on average 28 hours or more every two weeks. You become eligible for coverage on the first day of February in the year following the year you complete 12 months of continuous service commencing from January 1st.

Note: LTD coverage is not available for temporary and casual employees.

When does my LTD coverage begin?

If you are a permanent employee guaranteed to work at least 28 hours every two weeks, your coverage is effective after a three-month waiting period. Ex: if you are hired on May 12, your coverage becomes effective on August 12.

If you are a permanent part-time employee, guaranteed to work less than 28 hours on a bi-weekly basis but who works on average at least 28 hours bi-weekly the previous calendar year your coverage becomes effective on the first day of February in the year following.

Am I covered if I become disabled because of a medical condition I already had? (pre-existing condition limitation)

Yes, but not within the first 12 months of coverage under the plan for any disability that caused you to receive medical care, treatment or services or for which you took any prescribed medications during the 90-day period prior to your coverage becoming effective.

If you are an employer and your facility is enrolling in the LTD plan as a group, please contact Group Benefits Solutions for more information on the pre-existing condition limitation.

What happens to my LTD coverage during a leave of absence?

You can continue to be covered under the LTD Plan during a Leave of Absence for a **maximum of 24 months** (or longer if required by law). If you decide not to continue coverage and your unpaid leave of absence is longer than 24 months, you will be subject to the pre-existing condition limitation as described above.

Paid Leave of Absence

If your leave is a paid one, your coverage continues automatically while you are receiving pay (subject to the 24 month maximum).

Unpaid Leave of Absence

Once your pay runs out, you will have 31 days to apply for continuation of coverage (subject to the 24 month maximum) while on an unpaid leave of absence with your employer. You will need to make arrangements to pay for the coverage. If you decide not to continue coverage, you will not be covered by the plan until you return to work and meet the eligibility requirements for coverage.

Unpaid Illness/Injury Leave of Absence

If your pay runs out during this leave and you are making a claim for benefits under the LTD Plan, you can choose to “defer” your LTD contributions during the 150 day elimination period. This means that you don’t have to pay for the coverage right away. If you apply for LTD benefits, and are approved, the amount of money you owe will be deducted directly from your LTD benefits. If you are denied, you will be responsible to pay outstanding monies to your employer and you will have 31 days to apply for continuation of coverage (subject to the 24 month maximum). If you decide not to continue coverage, you will not be covered by the plan until you return to work and meet the eligibility requirements for coverage.

Coverage after LTD Benefits are denied or Terminated

Again, your continued coverage will be subject to the 24 month maximum period as described above. If you have been away from work for less than 24 months at the time LTD benefits are denied or terminated, you can continue coverage under the LTD plan for the remainder of that 24 month period. You will need to apply for continuation of coverage with your employer within 31 days of the date your LTD claim closes and you will need to make arrangements to pay for the coverage.

If you decide not to continue coverage, you will not be covered by the plan until you return to work and meet the eligibility requirements for coverage.

What happens to my LTD coverage when I retire?

When you retire, you are no longer covered under the LTD plan. There is no conversion option for LTD.

COVERAGE

Is there an early intervention or support program to assist employees?

Yes, the **PERSONALIZED ASSISTANCE TO HEALTH (path) PROGRAM**

If you are enrolled in the NSAHQ Long Term Disability (LTD) Plan and have been away from work for 21 days (or more) due to a non-work related injury or illness, the Personalized Assistance to Health (**path**) Program is available to you. **path** is an early intervention program which is voluntary and confidential.

path is proactive and innovative. It can help you regain control of your situation by getting the support, resources and funding for services and treatments that you may require to get well. Ultimately, the goal of **path** is to ensure you get what you need while off and if you are able to return to work, that the transition back to the workplace goes as smoothly as possible. **path** can also support the LTD application process if your illness or injury requires a lengthy absence from work. **path** will help ensure appropriate treatment and medical appointments are in place, assist in the LTD application process and see you through to a decision on a LTD claim.

path was created and sponsored by the LTD Plan Trustees in keeping with your employer's commitment to create a healthy workplace.

path provides you with support, it is not an income replacement program.

Click this link in our web version to link to **MORE information on the path Program** or visit www.healthassociation.ns.ca/benefits/path

For more information visit
www.healthassociation.ns.ca/path
or call the **path** Program Manager
toll free at 1-888-824-3273
or in Metro at 902-832-8527.



How much of a monthly benefit could I receive under the LTD plan?

If you are a full time employee, you will be eligible to receive a monthly benefit equal to 70% of your gross monthly salary at the time of your disability.

If you are a part time employee, you will be eligible to receive a monthly benefit equal to the gross monthly salary averaged over the six months preceding date of disability, or pro-rated over the number of months actually worked in that period if less than six months.

In no event shall hours worked for purposes of determining monthly salary be less than the guaranteed hours for the position(s), or greater than the full-time equivalent for the position(s).

The maximum monthly benefit is \$20,000. You must provide proof of good health and be approved by Manulife before becoming disabled for benefit amounts over \$15,000. You must be approved for the higher amount before disability.

The benefit paid is reduced by any benefit or income you receive from any of the following sources:

- Any benefit payable under the Workers' Compensation law resulting from your total disability, including lump-sum payments.
- Any disability benefits payable under the Canada Pension Plan, Quebec Pension Plan or a similar plan of any other country, but excluding dependent benefits.
- Any retirement benefit payable under the Canada Pension Plan, Quebec Pension Plan or a similar plan of any other country if benefits became initially payable on or after the date you became totally disabled.
- Any income or benefit from a pension or retirement plan of a Health Association Nova Scotia member organization if this income became payable after the date you became disabled.
- Any income or benefit payable by the Employer including sick leave, short-term disability benefits, and vacation pay with (if vacation was accrued after LTD benefits became payable).
- Any employer group or professional association disability plan for the same or subsequent disability.
- Any income received from a government legislated no-fault automobile insurance plan.
- Any compensation recovered for loss of earnings from a third-party who caused or contributed to your total disability (referred to as subrogation).

When do LTD benefits start?

After 150 consecutive calendar days of disability, you may be eligible to receive monthly LTD benefits. This is often referred to as the elimination period. You must meet the definition of disability as outlined below:

Your disability must prevent you from performing the regular duties of your **own occupation** for an **initial 30-month period** (plus the 150 consecutive days off that make up the elimination period).

After 30 months, the definition of disability changes. At this point, you are considered disabled if your disability prevents you from performing **any other occupation** that you are qualified for, or may become qualified for, based on your education, training or experience.

How long will my LTD benefits continue?

Your LTD benefit payments continue until the earlier of:

- The date you no longer qualify as disabled set out in the definition of disability.
- The first of the month following the date you recover from your disability and return to work as set out in the definition of disability.
- The first of the month following the date you reach age 65.
- The first of the month following the date you reach age 60 or greater with 30 years of pensionable service in the Nova Scotia Health Employees' Pension Plan (NSHEPP).
- The date you opt to take early retirement under NSHEPP.
- The date of your death.
- The date the plan is terminated.

Are my LTD benefits considered taxable income?

Yes, as your employer pays a portion of LTD contribution, the benefit payment you receive is considered taxable income by the Canada Revenue Agency.

Will I still have to pay premiums if I'm receiving LTD benefits?

If you are a member of the Health Association Nova Scotia plans listed below, the following premiums may be waived once you are approved for LTD benefits:

- LTD

- Optional Life for you, your spouse and/or your dependents
- Optional Accidental Death & Dismemberment
- Basic Life
- Critical Illness (your disability date is January 1, 2009 or later)

You will, however, need to pay premiums for your Health and Dental Plans if you are a member.

If you are not a member of the other Health Association Nova Scotia plans please contact your HR department for more information about your benefits while you are approved for LTD.

What happens to my Nova Scotia Health Employees' Pension Plan (NSHEPP) while I'm on LTD?

If you are disabled and in receipt of LTD benefits from an employer sponsored LTD plan:

- You will remain a member of the pension plan but contributions will be waived; and
- You will continue to earn pensionable service during your period of disability.

What if I return to work after a disability and become disabled again?

If you become disabled again from the same or related cause within one year of returning to work after receiving disability benefits, your benefits may be reinstated as of the date your disability recurs. You will not have to wait 150 consecutive days to qualify for benefits.

If you become disabled again more than 12 months after returning to work, this will be considered a new claim, but you may be eligible for a reduced elimination period. The new elimination period will be the lesser of the sum of your current accumulated sick days plus 119 consecutive calendar days or 150 calendar days.

If your disability is due to an unrelated cause, this will be considered a new claim. However, you may be eligible for a waiver of this 150 day period if the claims assessor determines that the disabling condition would prevent you from performing the regular duties of your occupation for a continuous period of 119 calendar days.

CLAIMING

Long Term Disability (LTD) – Claims Process

We strongly recommend that you send your LTD application forms to your Benefits Administrator between four and six weeks before your LTD benefits are to begin (approximately three months after you become disabled). This will help speed up assessment of your claim and determine if participation in a rehabilitation program will help you.

There is a 150-day waiting (or elimination) period before you can receive LTD benefits. You must submit your application for LTD within seven months after the end of the elimination period. If your LTD application is submitted beyond this seven month time frame (more than one year after you become disabled), benefits will be payable no earlier than the date we received the application. If your application is submitted more than 19 months after the expiry of the elimination period (more than two years after you become disabled), no benefits will be paid to you.

If you have been working with the **path** Program, you will receive help from **path** during this transition period.

Claim forms

The following forms must be fully completed and submitted to your Benefits Administrator to make an LTD claim:

- Employee/Member Statement
- Authorization and Consent Form
- Canada/Quebec Pension Employee Agreement
- Direct Deposit Application (including sample cheque marked VOID)
- Workers' Compensation Benefits Employee Agreement
- Attending Physician's Statement

If you do not wish to submit your forms to your Benefits Administrator, you can send them directly to us:

- Health Association Nova Scotia Disability Administration
Group Benefits Solutions, 2 Dartmouth Road,
Bedford, NS B4A 2K7

Visit the Forms and Documents page
www.healthassociation.ns.ca/benefits/forms

Additional required information

As well as the forms noted above, you'll need to send in the following with your application for LTD:

- An up-to-date Job Description (ask your supervisor for a copy).
- Copies of correspondence from the Workers' Compensation Board (WCB), indicating the status of a claim, if WCB is involved.
- Copies of correspondence from Canada Pension Plan (CPP), indicating the status of a claim, if CPP is involved.
- A copy of your Birth Certificate or valid Driver's License.

Additional optional information

If you have any of the following information available to you, we strongly recommend that you send it along with your application in order to expedite the assessment of your LTD application:

- Current copies of all medical reports and information about the illness or injury that led to your claim for LTD, such as:
- Specialists' consult reports.
- Results of investigative diagnostic procedures (such as X-rays, Blood work, Biopsy's, MRI's, CT Scan's, Bone Scan's, EKG reports, etc.).
- Hospital Admission and Discharge summaries.
- Operating Room reports.
- Neuropsychological testing results.
- Psychological Initial Assessment report and Progress reports.
- Occupational Therapists Initial Assessment reports and Progress reports.
- Physiotherapy Initial Assessment reports and Progress reports.
- Functional Capacity Evaluation results.
- Copies of GP chart and clinical notes since the date your health became affected.
- Current copies of all medical reports and information from the Occupational Health Department about the illness or injury that led to your LTD application. This includes information about any ongoing and/or attempted modified work or return to work programs.

It is vital that you provide the most current medical information available. Once you've filled in the forms and gathered the above information, give them to your Benefits Administrator or send them directly to Health Association Nova Scotia, Group Benefits Solutions. We realize this may seem like a cumbersome process and a lot of paperwork, but it will help ensure your application process is not delayed.

If I am declined or terminated for LTD benefits, can I appeal the decision?

Yes, you can. After the initial denial or termination, you can choose to participate in a claim review. You can submit other medical information that was not included with your original application. This new information will be reviewed and a decision will be made to approve benefits or uphold the denial or termination.

If the decision to deny or terminate is upheld, you can choose to participate in an appeal by participating in the Dispute Resolution Process. The purpose of the process is to provide a just and speedy resolution through a mediation process and, if required, an arbitration process. The appeal is conducted by a Dispute Resolution Authority who is independent and has no prior knowledge of your claim.

If you wish to start an appeal, complete the required form provided by the claims adjudicator and send it to Health Association Nova Scotia Disability Administration right away.

LTD – Exclusions

LTD benefits are not paid under the following circumstances:

- For any period during which you are not under the continuing care and treatment of a licensed physician or specialist for the condition causing the total disability.
- For any period during which you are not participating in a recognized therapeutic program if deemed appropriate by the Claims Adjudicator.
- For any period after during which you fail to participate in an approved rehabilitation program that has been recommended or approved by the Claims Adjudicator.
- During a leave of absence (including maternity/parental leave).
- For any disability that starts within the first 12 months of being covered by the plan, if this disability is related to or caused by a disease or injury for which you received medical care, treatment or services, or took any prescribed medications during the 90-days before you became covered under the plan.
- For disability resulting from a declared war, act of war or participation in a riot (unless you are carrying out the duties of your occupation for your Employer at that time).
- For disability resulting from the commission or attempted commission of a crime or criminal offence.
- For any disability that starts on or after the date you were placed on lay-off status.
- For any disability that starts on or after the date a strike or lockout begins, unless coverage has been continued (Article 6.09 of the Plan Text).

Long Term Disability (LTD) – Support & Rehabilitation

Are there any support programs to help me?

As noted earlier, Yes. If you are enrolled in the LTD plan and you are off work for 7 days or more due to a non-work related injury or illness, the Health Association offers a program called **path** (Personalized Assistance to Health).

path is a voluntary and confidential early intervention program funded through your LTD plan. **path** offers a variety of tools to provide you with all the support you need to get back on your feet as soon as possible and to assist you in returning to work. Note: **path** is not an income replacement program.

We recommend that if you're disabled and away from work for at least 7 days, that you assess your situation and consider whether **path** is for you. Visit the **path** page on our website, www.healthassociation.ns.ca/path or call the **path** Program Manager toll-free at 1-888-824-3273 or in Metro at 832-8527 for more information.

Is there a rehabilitation component in this LTD plan once I'm receiving benefits?

Once your LTD benefits start, your file will be referred to a Manulife rehab consultant. If your medical evidence suggests that you may benefit from a rehabilitation program, the consultant will work with you and your medical practitioner towards the goal of return to gainful employment. If a rehabilitation program is deemed appropriate, you are obligated to participate.

Your personalized LTD rehabilitation program could include training, physiotherapy and/or other reasonable treatments to help you return to the workforce.

When you engage in rehabilitation employment in any occupation for which you are suited with any employer, your LTD benefit is reduced by 50% of your earnings, provided your earnings + monthly LTD benefit are not more than 100% of your earnings before you were disabled.

Questions?

If you have any questions about your benefits, talk to your Benefits Administrator (Employer) or contact Health Association Nova Scotia.

Group Benefits Solutions
Health Association Nova Scotia
2 Dartmouth Road, Bedford, Nova Scotia B4A 2K7
Toll-free: 1-866-886-7246

More information about our benefits program is available at www.healthassociation.ns.ca/benefits



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Health Association Nova Scotia reserves the right to review the employee benefits program and to modify, amend, discontinue, and/or make exceptions to the program without prior notice. All information is subject to change.

MyLTD Plan- 02/2025