

# ELCIC Group Benefits Plan Short-Term Disability (STD) Policy

## Purpose

This program provides income protection to ELCIC Plan Members in the event they are unable to work due to illness or injury and to support a safe, sustainable and early return-to-work that is effectively and medically supported. The policy aims to create an environment of wellness and engagement through awareness and acceptance of any health challenges, to support health and wellness promotion and to have excellent attendance and engagement.

The policy outlines the circumstances and criteria wherein Plan Members may be eligible for STD benefits while ensuring that all Plan Members, regardless of their length of service, are treated equally and equitably.

Information regarding how to apply for and the compensation and benefits entitlements during STD claims is provided in this document.

This is an employer-funded benefit. STD claims and benefit eligibility are reviewed and assessed with the support of an independent disability management firm. ELCIC Group Services Inc. ("GSI") maintains approval authority for compensation and/or pay treatment.

Each case is unique and will be considered on a case-by-case basis, taking into account the circumstances and complexities of the situation.

## Definitions

**Actively at Work** – Means a Plan Member is doing work tasks as assigned by their Employer, including paid time off or weekends (or two pre-designated equivalent days). Plan members away from work on an Approved Leave of Absence are considered to be Actively at Work within the limits noted under the Continuation of Coverage section. Plan members who are away from work for leave other than Approved Leave of Absence, paid time off, or weekends are not considered to be Actively at Work.

**Approved Leave of Absence** – The following leaves, provided they were applied for and approved as appropriate by the Plan Member's Employer are considered Approved Leaves of Absence for the purposes of this Plan: vacation, personal leave of absence including sabbaticals, and statutory leaves of absence such as maternity or parental leave, bereavement, jury duty, or compassionate care leave. Other situations may be considered with GSI's prior written approval.

**Totally Disabled** – A Plan Member is considered Totally Disabled when, immediately following a period of being Actively at Work, they are unable to perform the usual required duties of their Regular Occupation or any reasonable accommodated or modified duties provided by the Employer.

**Plan Member** – An eligible employee who is enrolled as a Plan Member in the ELCIC Group Benefits Plan.

**Employer** – An organization that has signed a subscription agreement for the ELCIC Group Benefits Plan administered by GSI.

**Regular Occupation** – The Plan Member's normal and habitual role, as described in their job/position description and/or employment agreement.

**Salary Basis** – The amount of salary and housing allowance which the Plan Member was receiving immediately prior to the start of the Total Disability, including additional regular employment earnings such as bonus and overtime as reported on the Salary Basis Calculation form.



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### Benefit Amount

The benefit amount is 70% of Salary Basis (effective on the last day Actively at Work). Required contributions from the ELCIC Pension Plan will be deducted from and based on the Benefit Amount. The Employer will also make the required pension contribution based on the Benefit Amount.

### Waiting Period

Members will be paid during the waiting period for STD benefits, in accordance with the National Compensation Guidelines Sick Leave Policy or their Employer's corporate policy.

STD benefits are payable after 14 consecutive days of absence due to medically supported illness or injury. STD Benefits will be payable if the STD claim is deemed eligible and medically supported.

### Duration of Short-Term Disability Benefits

The maximum duration of the STD period is 17 weeks from the first day of medically supported absence of illness or injury:

- 2 weeks waiting period covered by Sick Leave Policy, followed by
- 15 weeks maximum covered by this Policy

Beyond this 17-week period, a Plan Member may be eligible for the Long-Term Disability benefits under the ELCIC Group Benefits Plan.

### Coverage for Short-Term Disability Benefits during leaves of absence

Plan Members who are on Approved Leave of Absence will continue to be covered by the STD Plan and their Employer will be required to continue premium remittance. During a continuation of coverage, all other Plan provisions apply, and benefits are only payable after the date of the Plan Member's scheduled return from Approved Leave of Absence.

### Gradual Return-to-Work

Every possible effort will be made to provide suitable return to work (RTW) options for Plan Members who are unable to perform their regular duties, in keeping with the commitment to providing a safe workplace. Consideration will be given to the Plan Member's ability and skills, in order to identify their capabilities and any requirements for accommodation. The intent is to provide a temporary solution until the Plan Member is able to return to regular duties.

During a period of modified work, regular salary pro-rated for the time worked will be paid, plus pay at the STD rate for the remaining time.

#### Example 1:

An employee whose normal work schedule is 8 hours per day is only able to return to work for 4 hours per day to start. The employee would receive 4 hours of regular wages + 4 hours of STD benefit.

#### Example 2:

An employee whose normal work schedule is 8 hours per day is able to return to full hours, but has a restriction of not lifting more than 10 lbs. The employee would receive their full regular pay, but their STD file will remain open until they are able to return to their regular job duties.

### Recurrence

In the event a Plan Member is absent from work because of a recurrence of the same or closely related disabling condition within a period of 30 calendar days following return to full pay, the recurrence will be considered a continuation of the previous disability.

If the Plan Member is absent because of the same disabling condition after 30 calendar days following return to full pay, the absence will be considered a new STD claim with a new date of absence and medical support.

If Total Disability occurs due to a new cause any time following the Plan Member's return to full pay, it will be considered a new STD claim.

### STD Benefits Application Procedures and Administration

A Plan Member requesting benefits under the STD Plan must follow the procedures and requirements outlined in the STD Guideline to apply for and receive benefits.

The Plan Member is responsible for the payment of any costs associated with the provision of medical reports or completion of medical forms that may be required to initiate the STD claim application.

Plan Members must ensure personal contact information remains up to date and current, including temporary changes, while on STD leave.

The STD Plan is administered by GSI. Applications may be assessed and managed by a GSI designated and approved by independent disability management firm.

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### Requirements for Receiving STD Benefits

To receive STD benefits, the Plan Member must meet all of the following requirements as indicated:

	Required for STD
Be considered Totally Disabled, as defined herein, from the first day of absence	✓
Be under the appropriate care of a physician licensed to practice medicine (i.e. a Medical Doctor) and receive regular and appropriate medical attention for their condition	✓
Follow the medical advice received and any reasonable treatment prescribed	✓
Make reasonable efforts to recover from illness or injury, including participating in rehabilitation or return-to-work programs and accepting reasonable modified work or accommodations	✓
Participate in a physical or psychiatric medical evaluation or a functional, cognitive or vocational capacities evaluation by an independent examiner as requested by GSI or the appointed independent disability management firm	✓
Return to reasonable, suitable or accommodated work that is within their functional capacity, based on medical evidence	✓
May not engage in any work for wage or profit, unless approved by GSI or the appointed independent disability management firm in advance	✓
Notify GSI or the appointed independent disability management firm before travelling for longer than one week while receiving STD benefits	✓

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### Other Benefit Coverage and Accrual

Benefits, vacation leave and seniority continue to accrue during the STD period.

### Deductions, Offsets and Overpayments

STD benefit payments are all subject to all source deductions as required by law, such as Income Tax, Canada Pension Plan (CPP) and Employment Insurance (EI) premiums.

Premium deductions for the ELCIC Group Benefits Plan and contributions to the ELCIC Pension Plan will continue during STD. Premium remittances for the ELCIC Group Benefits Plan will continue to be made by the Employer on the Salary Basis of the Plan Member as of the last day Actively at Work.

Benefit payments are subject to offsets (reductions) for any pay or benefits received as a result of the same disability, provided they do not interfere with Service Canada and CRA requirements for EI Premium reduction and STD plans.

GSI reserves the right to recover from the Employer any amount of benefit that has been overpaid for any reason whatsoever.

### Exclusions and Limitations

#### Maternity/Parental Leave

No benefits are payable during a period of formal maternity or parental leave taken by a Plan Member as provided under Provincial or Federal legislation during which the Plan Member is paid employment insurance maternity/parental benefits and/or ELCIC Supplemental Pay while on Maternity/Parental Leave.

However, the STD Plan may provide benefits if the Plan Member experiences disabling complications during pregnancy, and for post-delivery disability. The coverage would continue up to the allowable maximum period based on the circumstances.

### Other Exclusions and Limitations

#### No benefits shall be payable for the following claims:

- work-related illness or injury, unless the Workers' Compensation Board of the province has explicitly denied the claim, or a signed subrogation or reimbursement agreement is in place;
- cosmetic procedure, unless reconstructive after an injury or medical condition;
- disability resulting from participation in a public confrontation, riot, insurrection or civil disorder, unless it is directly related to the essential duties of the Plan Member's position;
- direct or indirect disability attributable to war, whether declared or undeclared;
- disability that occurs while participating in a criminal offense; and
- disability that results from service in the armed forces.

#### Furthermore, benefits shall not be payable:

- when receiving benefits under other legislative leaves, for example compassionate care or parents of critically ill children benefits under the Employment Insurance Act;
- during unpaid approved leave of absence, excluding legislated leaves;
- when receiving benefits for a recurring disability according to a reinstatement provision of a group Long-Term Disability plan (as long as the reinstatement period does not exceed six months);
- during a prison sentence or confinement in a similar institution;
- when receiving benefits under a provincial motor vehicle insurance plan as a result of an illness or injury from a motor vehicle accident and the plan does not take EI benefits payable into account when paying their benefits.

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### End of Benefits

**Payments will cease on the earliest of the following dates:**

- the Plan Member's employment is terminated, or the Plan Member resigns or dies;
- the Plan Member is no longer under the care of or is not receiving appropriate treatment from a physician licensed to practice medicine (i.e. a Medical Doctor);
- the Plan Member is no longer Totally Disabled;
- the end of the maximum period (119 days/17 weeks since date of disability) has been reached;
- the Plan Member fails to provide medical evidence, as required by the STD Plan
- appropriate and meaningful accommodated work is available, as determined by GSI and/or the appointed independent disability management firm, within the Plan Member's documented or observed functional capacity, and available medical and other evidence;
- the Plan Member refuses to participate in a medically appropriate and suitable rehabilitation program or plan;
- the Plan Member refuses to participate in a physical and/or psychiatric medical evaluation and/or a functional, cognitive and/or vocational capacities evaluation by an independent examiner as requested;
- the Plan Member does any work for wage or profit, unless approved by GSI or the appointed independent disability management firm in advance; and
- the Plan Member travels for a period longer than one week, unless approved by GSI or the appointed independent disability management firm in advance.

### Appeals

If a Plan Member does not agree with the decision of GSI or the appointed independent disability management firm regarding the eligibility for STD benefits/disability adjudication, they may request a review of the decision. Appeal procedures are found in the STD Guidelines for plan members.

The Plan Member is responsible for the payment of any costs associated with the provision of new medical reports and other evidence or information that may be required for appeals.

STD benefits will cease while a claim is under appeal.

### Additional Information

This STD policy will be interpreted in accordance with applicable statutory requirements. In no case shall a Plan Member be entitled to less than the minimum entitlements prescribed by applicable legislation.