

Please follow the steps in this guide to apply for disability benefits.

Your group plan requires you to notify Great-West Life of your disability within a certain time after you become disabled. This means you should notify Great-West Life of your disability as soon as possible. To notify Great-West Life of your disability, you can fax or mail your employee statement, consent form, and any other information you want to provide about your claim to the Great-West Life Disability Services Office. Fax numbers and addresses of all Great-West Life Disability Services Offices are on our website or you can contact your plan administrator for this information.

### STEP ONE - EMPLOYEE STATEMENT AND CONSENT FORM

Complete the employee statement and consent form if you are applying for Short or Long Term Disability benefits, Life Waiver of Premium benefits, or Early Referral Services.

The completed employee statement provides us with general information about you and your medical details and provides Great-West Life with notice of your disability claim.

A consent form is included with your employee statement. Your signature on the consent form is necessary as it gives us permission to obtain additional information from your employer, other insurers, your doctor, hospitals, or other care providers to help us review your claim.

We may share personal information, like your functional abilities, restrictions or limitations with your employer when discussing your return to work. We may share medical information, like your diagnosis, test results, or medical reports with your employer's Occupational Health Services if they are involved with your disability claim(s).

### STEP TWO - MEDICAL INFORMATION

Your doctor will need to provide us with medical information about how your condition(s) prevents you from working. Print the medical questionnaire form applicable to your condition and have your doctor complete it. Your doctor can fax or mail the completed form to Great-West Life directly.

You can choose the other conditions form if your condition is not a specific diagnosis listed or you can choose the "print all condition forms" if you are unsure which form to bring to your doctor.

### EMPLOYER STATEMENT

Your employer will send an employer statement to Great-West Life on your behalf. This statement confirms your coverage, job information, monthly earnings and other information necessary to assess and administer your disability claim.

If your plan administrator has not provided the employer statement when we receive your employee statement, we will contact your employer directly for this information.

### OUR RESPONSIBILITY

We will begin our review of your disability claim when we receive your employee statement in the Disability Management Services Office. At that time, a Great-West Life representative will contact you to let you know what you can expect throughout the claim process and to obtain any further information that may be required.

To begin the claim submission process, you must complete the Employee Statement and the consent form. Please have your doctor complete a physician's statement. These forms should be submitted within ten days of the onset of your disability or, if applying for Long Term Disability or a Life Waiver of Premium benefit, no later than eight weeks before the end of the waiting period. **Benefits may be denied if these forms are submitted later than the notice period in your group contract.**

Your Employer's Name: \_\_\_\_\_

Your Plan Number: \_\_\_\_\_ Your Great-West Life ID Number: \_\_\_\_\_

**The information you provide on this form must be true and complete.**

**YOUR INFORMATION**

Mr.  Ms.  Mrs. First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_ *Your Social Insurance Number is required as your disability benefit may be subject to income tax deductions.*

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

City / Town: \_\_\_\_\_ Province / Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Is your mailing address the same as above?  Yes  No If no, please provide mailing address.

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

City / Town: \_\_\_\_\_ Province / Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Location where you work: City / Town: \_\_\_\_\_ Province / Territory: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Confidential *Check the Confidential box if you wish us to leave a detailed message with personal information about your claim at that number. Otherwise, we will only leave a personal message with callback information at that number.*

Cell Phone: \_\_\_\_\_  Confidential

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  Confidential

Email Address: \_\_\_\_\_ *Enter your email address if you would like Great-West Life to communicate with you by secure email about your disability claim.*

**CLAIM INFORMATION**

Your last day of work: \_\_\_\_\_ (mm/dd/yy) Your first day unable to work: \_\_\_\_\_ (mm/dd/yy)

Have you returned to work?  Yes When did you return to work? \_\_\_\_\_

Have you returned to (select all that apply):  Regular duties and hours  Modified duties  Modified hours

No When do you expect to return to work: \_\_\_\_\_ **OR**  Unknown **OR**  I'm not planning to return

During your absence, have you performed any other work?  No  Yes

What is the nature of the medical condition preventing you from working?  
\_\_\_\_\_  
\_\_\_\_\_

Is your condition work-related?  No  Yes

Is your condition the result of an accident?  No  Yes

When did the accident occur? \_\_\_\_\_ (mm/dd/yy)

How did the accident occur?  
\_\_\_\_\_  
\_\_\_\_\_

Was the accident a motor vehicle accident?  No  Yes

In what province did your accident occur? \_\_\_\_\_



# Your consent

Before we can process your claim for benefits, you must read this agreement and sign in the *signature* box below.



## Sharing your personal information

We collect, use and disclose your personal information to:

- investigate and assess your claim
- administer your claim and the group benefits plan
- work out a rehabilitation plan to get you back to work
- audit the assessment of the claim.

We may also use your social insurance number for income tax reporting and as an identification number if this is required in the administration of your benefits.

### We may collect and exchange your personal information with these persons or groups when relevant and necessary for the purpose above:

- Healthcare and rehabilitation providers
- Insurance and reinsurance companies
- Administrators of the plan, of government benefits and of other benefit programs
- Your employer, plan sponsor and plan administrator, for the purpose of discussing return to work planning
- Your employer's occupational health services
- Your union representative
- Service providers and other organizations working with us, or on behalf of the other parties mentioned above. We may use service providers outside Canada.
- An auditor authorized by us, your employer, plan sponsor or their agent

### By signing below, you confirm that:

- You have read, understand and agree with the contents of this form and authorize us to collect and disclose your personal information.
- Except for audit purposes, your authorization is valid for the duration of your claim or until you cancel it in writing.
- All statements you have made about your claim are true and complete
- A photocopy or electronic copy of this authorization is as valid as the original.

Your group plan number	Print your name	Date (mm/dd/yyyy)
Your Great-West ID number	Your signature 	Telephone number



## Protecting your privacy

We take your privacy seriously. We keep all your personal information in a confidential file in our offices, or the offices of an organization we've authorized. The only persons with access to the information are:

- people working at Great-West Life and those we've authorized, who need the information to do their jobs and manage your claim
- those whom you've given access
- those authorized by law both within Canada and in any other jurisdiction where your personal information is held.

For a copy of our Privacy Guidelines see [greatwestlife.com](http://greatwestlife.com) or you can write to Great-West Life's Chief Compliance Officer.