



**Failure to provide all information requested may delay this claim.  
You must submit this claim to BC Life by the policy claiming deadline.**

Disability & Life Claims Department  
PO Box 7000 Vancouver BC V6B 4E1  
Telephone 604 419-8040 Toll-free 1 888-275 4672  
Fax 604 419-8055

**Employee's Statement (Please type or print in ink)**

Name \_\_\_\_\_ Sex ☐ F ☐ M Social insurance number \_\_\_\_\_

Date of birth 

Mo	Day	Yr
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 Job title \_\_\_\_\_ Number of years in this job \_\_\_\_\_

Address \_\_\_\_\_ Box no. (if applicable) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone number \_\_\_\_\_

Date you became unable to work 

Mo	Day	Yr
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 Date first able to return to work 

Mo	Day	Yr
----	-----	----

Date you first saw a doctor after you stopped working 

Mo	Day	Yr
----	-----	----

Name and phone number of physician(s) \_\_\_\_\_

Are you entitled to receive any income from other income replacement plans or sources? ☐ Yes ☐ No

If yes, amount of other income \$ \_\_\_\_\_ Name of company \_\_\_\_\_

**Accident Information (complete this section if your claim is the result of an accident)**

Date of accident 

Mo	Day	Yr
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 Time of accident \_\_\_\_\_ ☐ A.M. ☐ P.M.

Where did accident happen? ☐ Work ☐ Home ☐ Elsewhere (specify) \_\_\_\_\_

Describe how the accident happened \_\_\_\_\_

**Signature/Authorization**

I, the undersigned, hereby make claim for short term disability benefits. I certify that the above facts are true and complete and authorize the release to British Columbia Life & Casualty Company (BC Life) all medical reports and other information requested to assess my claim.

Signature of employee \_\_\_\_\_ Date 

Mo	Day	Yr
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**Employer's Statement**

Name of employee \_\_\_\_\_ Date of hire 

Mo	Day	Yr
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 Identification number \_\_\_\_\_

Employer name \_\_\_\_\_ Policy number \_\_\_\_\_

Division \_\_\_\_\_ Class \_\_\_\_\_ Sub-division (if applicable) \_\_\_\_\_

If self-reporting, provide effective date of coverage for: STD 

Mo	Day	Yr
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 LTD 

Mo	Day	Yr
----	-----	----

 Premiums paid to 

Mo	Day	Yr
----	-----	----

Has coverage been cancelled? ☐ Yes ☐ No If yes, provide date 

Mo	Day	Yr
----	-----	----

 Reason \_\_\_\_\_

Date last worked 

Mo	Day	Yr
----	-----	----

 Basic earnings \$ \_\_\_\_\_ Hours per week \_\_\_\_\_

As of today, has this employee returned to work? ☐ Yes ☐ No If yes, provide date returned to work 

Mo	Day	Yr
----	-----	----

Is absence due to an occupational injury or illness? ☐ Yes ☐ No

Has claim been filed with the Worker's Compensation Board ☐ Yes ☐ No If yes, date filed 

Mo	Day	Yr
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 Status \_\_\_\_\_

Employee's job title and duties \_\_\_\_\_

If the employee has holidays scheduled, or is on any type of leave during this absence, please complete the following:

☐ Leave of absence ☐ Paid sick leave ☐ Holidays ☐ Bereavement ☐ Maternity Provide dates 

Mo	Day	Yr
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**TO**

Mo	Day	Yr
----	-----	----

Please include any other information which may help BC Life assess this claim \_\_\_\_\_

This certifies that according to our records, the employee was covered under our plan when this absence commenced.

Signature of authorized official \_\_\_\_\_ Title \_\_\_\_\_ Date 

Mo	Day	Yr
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**Attending Physician's Statement** - Accurate assessment of this claim depends on each question being answered in full.

1. Name of patient \_\_\_\_\_ 2. Date of birth 

Mo	Day	Yr
----	-----	----
3. Primary diagnosis \_\_\_\_\_
4. Other condition(s) that may affect recovery \_\_\_\_\_
5. If patient is pregnant, provide expected date of delivery 

Mo	Day	Yr
----	-----	----
6. If condition is due to an accident, provide date accident occurred 

Mo	Day	Yr
----	-----	----
7. If reported to W.C.B. or related to patient's occupation, provide details \_\_\_\_\_
8. Subjective complaints, including date of onset, severity and frequency \_\_\_\_\_
9. Diagnostic studies and findings (**please include copies of results**) \_\_\_\_\_
10. Date your patient was advised to stop working 

Mo	Day	Yr
----	-----	----
11. Date of first visit after your patient stopped working 

Mo	Day	Yr
----	-----	----

 12. Date of most recent treatment 

Mo	Day	Yr
----	-----	----
13. If you have referred patient to a specialist, provide name(s) of physician, speciality and appointment date \_\_\_\_\_
14. If patient was referred to you, provide name of referring physician \_\_\_\_\_
15. If hospitalized, name of hospital \_\_\_\_\_ Dates confined to hospital 

Mo	Day	Yr
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 TO 

Mo	Day	Yr
----	-----	----
16. What surgery if any was performed? \_\_\_\_\_ Date of surgery 

Mo	Day	Yr
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17. Treatment (e.g. medication & dosage, physiotherapy, psychotherapy, etc.) and frequency \_\_\_\_\_

18. Check dates of visits exclusive of above procedures

Place	Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Office																																	
Hospital																																	

19. Restrictions (what patient should not do) \_\_\_\_\_
20. Limitations (what patient can not do) \_\_\_\_\_
21. If appropriate treatment is followed, do you expect your patient to return to pre-illness/injury functioning? ☐ Yes ☐ No
22. If yes, provide date 

Mo	Day	Yr
----	-----	----

 OR from today, the estimated number of weeks before recovery \_\_\_\_\_
23. If no, please explain \_\_\_\_\_

Name of physician (print) \_\_\_\_\_ MSC number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Specialty \_\_\_\_\_ Signature \_\_\_\_\_ Date signed 

Mo	Day	Yr
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**Authorization of Patient**

I authorize the release to British Columbia Life & Casualty Company (BC Life), all medical reports and other information requested to assess my claim.

Signature of patient \_\_\_\_\_ Date 

Mo	Day	Yr
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**The patient is responsible for any charges made for completion of this form.**

# Understanding the Disability Claim Process

## Step 1 — Paperwork

Your plan administrator will provide you with the necessary forms. There are three:

1. **Employer form(s)** to be completed by your plan administrator.
2. **Employee form(s)** to be completed by you.
3. **Medical form** to be completed by your doctor with all clinical notes, consultation reports and test/investigation reports from the date disability started to the current date.

For Short-term disability (STD) forms, please submit them as soon as possible. For Long-term disability (LTD), BC Life recommends that you submit all forms at least eight weeks prior to the end of the waiting period.

## Step 2 — Assessment

### **BC Life will review the information provided:**

Do we have everything we need to assess your claim?

- If your claim is approved, move on to Step 3.
- If we don't have everything we need to make a decision about your claim, we will ask you for more information. This may include a telephone interview with you and/or your employer to determine how your current function affects your ability to do your day-to-day job.



## Step 3 — Payment

**How much?** Payment periods depend on the arrangements made with your plan administrator. The amount payable also depends on your policy. Consult your benefits booklet.

**When?** Payment will be issued after the waiting period has ended.

- STD is paid weekly or bi-weekly.
- LTD is usually paid monthly.

## Step 5 — Return to Work

It can be difficult to go back to work after a long absence. We will work with you to help you integrate back into your workplace.

## Step 4 — Develop a Plan

BC Life's case management philosophy is based on our belief that an early and safe return to work is a healthy part of recovery. If you require assistance, we will work with you and your employer to develop a return to work plan specific to your needs.

# Helping You During a Difficult Time



## Who is BC Life?

British Columbia Life and Casualty Company (BC Life) is based in British Columbia and owned by Pacific Blue Cross. In addition to supporting employees who are experiencing a disability, we also provide life insurance products for BC residents.

As your disability benefits provider, we understand how difficult it can be when you're no longer able to do everything you did before; when an accident or illness prevents you from working. What we also know is that work is an integral part of living a meaningful and productive life.

Reflecting on his momentous *Man In Motion World Tour*, Rick Hansen said:

*"The original vision was not to raise money. It was to demonstrate the potential of people with disabilities if barriers were removed. The intention was to draw attention to the fact that people with disabilities could make great contributions and achieve amazing things if they put their mind to it and society was enabling."*

At BC Life, we believe there is a difference between having symptoms and being disabled. There is also a difference between being disabled from your occupation and disabled from work in general. Our goal is to help navigate these differences and remove barriers to help you get back to making the most of your abilities. We want to help you get back on track so you can move towards achieving what you are capable of.

## It's not a one-person show, it's a partnership

A disability is a period of transition. In order to best support you through this difficult period in your life, we work with you, your employer or plan administrator and various other support systems. Our success depends on our ability to work collaboratively.

### It's OUR responsibility to

- Conduct prompt and fair assessments
- Work with you to develop a return to work plan
- Communicate openly and completely with you
- Partner with you and your employer to ensure an early and safe return to work
- Determine your ability to function in a workplace

### It's YOUR responsibility to

- Provide us with complete information, including completed claim forms with supporting medical documentation
- Let your supervisor/manager know how you are doing and provide updates on your progress
- Actively participate in evaluations and telephone interviews
- Help to develop a return to work plan

### It's YOUR EMPLOYER'S or PLAN ADMINISTRATOR'S responsibility to

- Provide accurate information to BC Life including insurance details and job information
- Be actively involved in helping you return to work
- Keep open and continuous communication with you while you are away from work

#### Contact BC Life

**Tel** 604 419-8040

**Fax** 604 419-8055

**Toll-free** 1 888 275-4672

[www.pac.bluecross.ca](http://www.pac.bluecross.ca)

