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Canada

Public Service Management Insurance Plan executive plan booklet

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Public Service Management Insurance Plan executive plan booklet

From: Treasury Board of Canada Secretariat

On this page

What is the Public Service Management Insurance Plan?

The Public Service Management Insurance Plan (PSMIP) provides public service employees excluded from collective bargaining with the following types of insurance:

- Group Life
- Accidental Death and Dismemberment (AD&D) insurance
- Dependants’ Insurance
- Long-Term Disability (LTD) insurance

Some of these types of insurance are available to all members. Other types are restricted to certain senior level employees.

This booklet outlines the employer-paid coverage that is available exclusively to senior level employees, as well as the Long-Term Disability and Supplementary Life insurance. Other members of the Plan should refer to the Booklet to the Public Service Management Insurance Plan for a description of the benefits available to them.

Industrial Alliance is the principal insurer and carries out the following duties:

- evaluates statements of health
- approves and denies claims for benefits
- receives and invests premiums on behalf of the PSMIP
- monitors the PSMIP’s financial and underwriting experience
- reports annually to the Board of trustees on the status of the plan’s finances
- brings matters of concern to the attention of Board of trustees
- responds to matters raised by the Board of trustees or the secretary as the need arises
- provides members with the summary of the annual report on the PSMIP’s administration and financial affairs

The Board of Trustees, which administers the PSMIP, comprises senior government officials appointed by the President of the Treasury Board. As the policy holder, the Board of Trustees has a continuing responsibility to:

- review the provisions of the PSMIP and recommend changes as required,
- review the financial experience of the PSMIP periodically to ensure its solvency

- review the problems arising out of the administration and adjudication of claims

This booklet provides general information on the major benefit provisions of the PSMIP. Your departmental Compensation services or the Public Service Pay Centre can provide information on the following:

- eligibility for membership
- application procedures
- beginning and cost of coverage
- coverage during leaves of absence or other periods without pay
- termination or cancellation of coverage
- other provisions

The complete terms and conditions of the PSMIP are set out in a contract of insurance between the Board of Trustees and the insurer. **In any case of conflict between this booklet and the insurance contract, the terms of the contract shall prevail.**

What insurance is provided under the PSMIP executive plan?

▶ In this section

If you are covered under the PSMIP executive plan, you are automatically entitled to the following three lines of insurance, Basic Life, AD&D, and Dependants' Insurance, at the employer's expense. For Federal Income Tax purposes, the premium paid by an employer for life insurance (that is, premium for Basic Life and the life insurance portion of your dependants' coverage) on behalf of its employees constitutes a taxable benefit and is considered taxable income in the hands of the insured. Provincial and territorial tax laws may differ, and you should consult the Canada Revenue Agency to find out the rules applicable to your province or territory of residence.

Your employer-paid coverage consists of the three lines of insurance indicated above, regardless of whether you require or want a particular line. Although you can waive your entitlement to the coverage as a whole, it is not possible to opt out of only one or two lines of insurance. If you waive your entitlement to insurance under the PSMIP executive plan and you subsequently change your mind, reinstatement of your coverage would be subject to Treasury Board approval and would not be effective until the fifth anniversary of your request for reinstatement.

Basic Life Insurance

How is Basic Life Insurance calculated?

Your employer-paid Basic Life Insurance is based on your annual salary adjusted to the nearest $1,000 (for example, all salaries in the range $79,500.01 to $80,500.00 would be rounded to $80,000). This $80,000 is the adjusted salary. The definition of salary is the same as that used for the Supplementary Death Benefit under the Public Service Superannuation Act (PSSA). The amount of your Basic Life Insurance is equal to twice your adjusted annual salary. The amount of this insurance will be revised to reflect any changes in your salary resulting from salary-rate adjustments, merit increases and promotions. In the case of retroactive salary changes, coverage will change on the first of the month following the month in which the change was authorized. The amount of your Basic Life Insurance will not decrease in relation to your age, as Supplementary Life Insurance does.

If you die, the amount of Basic Life Insurance in force at that time will be paid to your beneficiary. You may name your own beneficiary. Your beneficiary can be:

- one or more than one person
- a minor
- a charitable organization
- your estate

To change beneficiaries at any time, complete the PWGSC-TPSGC 2028-1 - Public Service Management Insurance Plan form. This form is subject to any applicable provincial or territorial law. If you do not name a beneficiary, or if your beneficiary predeceases you, benefits will be paid to your estate.

Accidental Death and Dismemberment Insurance

How does AD&D Insurance work?

The principal sum of your employer-paid AD&D Insurance is $250,000.

If you sustain any of the losses listed in Table 1 solely as a result of an accident, the following benefits will be paid to you or your beneficiary in addition to any life insurance LTD benefits payable under the PSMIP.

Table 1: schedule of amounts of insurance

Type of AD&D	Benefits
Life	Principal sum
Both hands or both feet	Principal sum
Sight of both eyes	Principal sum
One hand and one foot	Principal sum

One hand or one foot and sight of one eye	Principal sum
Speech and hearing	Principal sum
Quadriplegia (total and irreversible paralysis of all four limbs)	Principal sum
Paraplegia (total and irreversible paralysis of both lower limbs)	Principal sum
Hemiplegia (total and irreversible paralysis of one arm and one leg on the same side of the body)	Principal sum
One leg or one arm	Three quarters of the principal sum
One hand or one foot	Half of the principal sum
Speech or hearing	Half of the principal sum
Sight of one eye	Half of the principal sum
Thumb and index finger (of the same hand)	Three quarters of the principal sum

Losses must be suffered within 90 days from the date of the accident. The total amount payable for all losses sustained in any one accident is limited to $250,000.

These benefits are not payable in the event of loss arising from suicide or self-inflicted injury. Benefits are not payable if the loss results from war or any act of war, unless the incident occurs while you are outside Canada at the direction of the employer, such as on a posting, on assignment or in travel status. Benefits are also not payable if the loss was caused by disease, bacterial infection, taking poison, or participating in any riot or civil strife.

Dependants’ insurance

What kind of coverage is provided with respect to my dependants?

This coverage consists of life insurance and AD&D Insurance for your dependants, who are defined as:

- your spouse (that is a person to whom you are legally married), or a person who resides and has resided with you for a period of at least one year and whom you have publicly represented as your spouse
- all of your unmarried children over the age of 14 days but not yet 21 years old (25 in the case of full-time students enrolled in a school or university) who are not employed on a regular, full-time basis and who are dependent on you for support

The amounts of insurance are as follows:

- life insurance of $5,000 on the life of your spouse and $2,500 on the life of each child; if one of your dependants dies from any cause while insured, the amount of life insurance in force on the life of the dependant will be paid to you.
- AD&D Insurance in a principal sum of $5,000 on the life of your spouse and $2,500 on the life of each child; the proportions of the principal sum payable for a loss suffered by one of your insured dependants, and all other conditions, are identical to those of the AD&D Insurance available to you as described above

Supplementary Life Insurance

Is there any additional insurance available?

You may apply for Supplementary Life Insurance equal to your adjusted salary. Taken together with your Basic Life Insurance, this additional coverage would bring the total amount of your life insurance under the

PSMIP to three times your adjusted salary. **Evidence of your insurability satisfactory to the insurer is needed for Supplementary Life Insurance, no matter when you apply.**

The amount of Supplementary Life Insurance decreases after age 65. On the first of the month following your 66th birthday, the insured amount becomes 90% of one year's adjusted salary. It becomes 80% of one year's adjusted salary one year later, and so on. However, coverage will never be less than 10% of one year's adjusted salary while you remain employed in the public service.

As with Basic Life Insurance, if you die from any cause, the amount of Supplementary Life Insurance in force will be paid to your beneficiary. If your beneficiary predeceases you, or if you have not named one, the benefits will be paid to your estate.

The premium rates for Supplementary Life Insurance are related to your sex and age. Since this line of insurance is optional, you are responsible for paying the premiums. Your departmental compensation services or the Public Service Pay Centre can advise you of the premiums for this insurance.

Conversion Privilege

What happens to my insurance coverage when I cease to be employed in the public service?

Unless you are eligible for Long-Term Disability benefits or qualify for the waiver of premium benefit, all lines of insurance that you were covered for as an employee will terminate on the day you leave the public service. Basic Life, Supplementary Life and Dependants' Insurance will continue in force for a 31-day extension period. During the extension period, you will be able to obtain an individual private life insurance policy, including some types of term insurance regularly issued by the insurer **without** medical examination and regardless of your state of health. Such a policy:

- will be available through the insurer's standard rates for your age, based on any special non-medical hazards (for example those hazards that an aircraft pilot could experience) to which you may be exposed
- may be available for any amount up to the difference between the amount of Basic and Supplementary Life Insurance you had while actively employed and the initial amount of your post-retirement life insurance (if applicable); the life insurance portion of your Dependants' Insurance may also be converted to an individual policy

Note: LTD and AD&D Insurance cannot be converted to private policies.

You must make arrangements directly with the insurer to convert your eligible insurance to a private policy.

Post-Retirement Life Insurance

What happens if I am entitled to a pension when I leave the public service?

Post-Retirement Life Insurance was introduced as part of the PSMIP on January 1, 1989. It is available to members of the PSMIP executive plan who were entitled to employer-paid coverage on their last day of employment and who are entitled to receive an immediate continuing pension under the PSSA. Some federal agencies and Crown Corporations, covered by the PSMIP, have chosen not to participate in the Post-Retirement Life Insurance portion of the PSMIP executive plan. Your departmental compensation services or the Public Service Pay Centre can advise you on if you are eligible for post-retirement life insurance.

How much Post-Retirement Life Insurance am I entitled to?

The amount of your Post-Retirement Life Insurance is based on the annual salary you are entitled to receive immediately before you retire from the public service. Your final salary is adjusted to the next highest multiple of $250. For example, a salary of $70,181 would be adjusted to $70,250.

During your first year of retirement, your Post-Retirement Life Insurance will be equal to your adjusted final salary. During your second year of retirement, your insurance will be equal to 75% of your adjusted final salary. It will be equal to 50% of your adjusted final salary during your third year of retirement; and 25% for life (unless your coverage is suspended, terminated or cancelled under the circumstances described below).

If you convert your life insurance to a private policy at retirement, you may later convert the full amounts by which your Post-Retirement Life Insurance decreases after each of the first three years of retirement. Once you decide not to exercise a conversion option, you give up future chances to do so.

If you die, the amount of Post-Retirement Life Insurance in force at that time will be paid to your beneficiary. You may name your own beneficiary. You can change beneficiaries at any time, by completing the PWGSC-TPSGC 2028-1 - Public Service Management Insurance Plan form, this is subject to any applicable provincial or territorial law. If you do not name a beneficiary, the Post-Retirement Life Insurance benefit will be paid to your estate. Your beneficiary or estate should contact the Government of Canada Pension Centre who will provide the claim form and procedure.

How much will this coverage cost me?

Your former employer pays the full premium required to support your Post-Retirement Life Insurance. The premiums paid on your behalf for this insurance in any one year will be considered part of your income for income tax purposes.

Can I cancel my Post-Retirement Life Insurance?

You may cancel your Post-Retirement Life Insurance at any time by notifying the Government of Canada Pension Centre in writing. Your insurance would cease on the first day of the month following the month your letter was received by the Government of Canada Pension Centre. If you do cancel your Post-Retirement Life Insurance, you will never be able to reinstate it as cancellation is irrevocable.

What if I become re-employed in the public service?

If you become re-employed in the federal public service and become eligible as an active employee for insurance under the PSMIP and/or become a contributor under the PSSA and therefore cease to draw a pension, your Post-Retirement Life Insurance will be suspended until you retire a second time. When your Post-Retirement Life Insurance resumes, it will do so at the level of benefits (100%, 75%, 50% or 25% of adjusted final salary) in effect when it was suspended, but it will be based on the higher of your first and your second final salaries.

If you enter service with the Canadian Armed Forces or the Royal Canadian Mounted Police, ask your new departmental compensation services to explain to you how your employment will affect your life insurance.

What if I am receiving a disability pension under the *Public Service Superannuation Act* (PSSA) and regain my health?

If you qualify to carry Post-Retirement Life Insurance by virtue of an entitlement to a disability pension under the PSSA, and you recover your health sufficiently to cease to qualify for that pension, one of two things will happen:

- If you are eligible and choose to apply for a reduced annual pension allowance, your life insurance will continue without interruption.
- If you are not eligible, or if you are eligible and do not choose to apply for an immediate annual pension allowance under the PSSA, your life insurance will terminate immediately upon the termination of your disability pension, and it will not be reinstated when your pension entitlement resumes at a later date.

Living Benefit

What is the Living Benefit?

The Living Benefit, which came into effect in February 1994, provides members who are terminally ill with a portion of the life insurance benefit would otherwise be payable to their beneficiary on their death.

What is a terminal condition?

A terminal condition means an injury or illness that is expected to result in death within 24 months and from which there is no reasonable prospect of recovery as determined by the insurer based on medical evidence provided.

How is the Living Benefit calculated?

In general, the amount payable is 50% of the total amount of insurance on your life and $50,000, whichever is less.

How do I apply for the Living Benefit?

You can request the Living Benefit by contacting the insurer at the coordinates shown under Contact information. You will be required to provide all medical information necessary to permit the insurer to determine whether you are suffering from a terminal condition as defined in the PSMIP. You and your beneficiary will be required to sign a Living Benefit agreement.

Are there any other restrictions?

A Living Benefit is not payable if all or a portion of your life insurance is to be paid to your former spouse as part of a divorce agreement.

If I receive a Living Benefit, what effect will it have on the amount payable on my death?

The amount payable as a Living Benefit will be deducted from the amount otherwise payable under the PSMIP to your beneficiary. No interest will be charged.

Long-Term Disability Insurance

What is Long-Term Disability Insurance?

The LTD provides a monthly income benefit for employees who are unable to work for a lengthy period of time because of a totally disabling illness or injury.

Am I eligible for Long-Term Disability benefits?

If you are a member under the LTD plan, you are eligible for LTD benefits for up to 24 months if, as a result of a physical or mental impairment, determined by a physician, you are unable to perform the essential functions of your regular job. At the end of this 24 month period, your benefits will be continued if you remain totally disabled and are unable to earn two thirds of the current salary of the position you held before you became disabled.

Your LTD benefits will continue if you remain totally disabled. Benefits will not continue beyond your 65th birthday.

While you are receiving LTD benefits, you must be under the active care of a physician who is a registered specialist in the field of medicine related to your disabling condition. You must also be receiving medical treatment or participating in a program of rehabilitation approved by the insurer.

You are not eligible for Long-Term Disability benefits if:

- your disability is the result of a mental or physical impairment that existed **before** you became insured: this exclusion is lifted if you complete a continuous period of 90 days of active employment while insured for LTD, or after you have been insured for LTD for two years, whichever comes first
- your disability results from, or is related to:
    - a normal pregnancy (without severe complications)
    - commission of a felony
    - self-inflicted injury
    - a mental or physical impairment suffered while on active duty with any armed force
- your disability results from, or is related to, an act of declared or undeclared war; this exclusion does not apply to persons who become totally disabled in this way while outside Canada at the direction of the employer

Note: If you become disabled, contact your departmental compensation services or the Public Service Pay Centre, even if you are unsure whether or not you qualify for Long-Term Disability benefits.

What happens if I retire before using all my sick leave credits?

If you retire voluntarily before exhausting your accumulated sick leave credits, your unused sick leave credits will still be counted and used to determine the date that your LTD benefits will begin.

If you are considering terminating your employment prior to exhausting your sick leave credits, contact your departmental compensation services or the Public Service Pay Centre to see if your termination will be considered as a voluntary termination for LTD purposes.

How are my Long-Term Disability benefits calculated?

If you become totally disabled, your gross annual benefit will be 70% of your insured annual salary at the end of the elimination period (13 weeks or the exhaustion of your sick leave, whichever is later). The definition of salary is the same as that used for the Supplementary Death Benefit under the PSSA.

Your insured annual salary for the purpose of LTD is equal to your annual salary at the end of the elimination period if it is a multiple of $250, or the next multiple of $250 above that amount.

A member who works part-time will have the insured annual salary based on assigned hours of work.

Payments are made monthly.

Other income, whether it be income received as a result of being in receipt of a PSSA benefit or a disability benefit under the Canadian Pension Plan (CPP) or Quebec Pension Plan (QPP), will be deducted as an offset from your LTD benefits.

Your net benefit (which is the amount payable to you after other income has been deducted), will be subject to an annual increase related to increases in the cost of living, up to a maximum of 3%.

For example, a retroactive salary increase approved in April that took effect from February 10 would affect your LTD benefits only if your benefits on February 11 or later.

Table 2: example of Long-Term Disability benefit calculation

1. Your annual salary at the end of the elimination period	$87,430.00

2. Your insured salary (annual salary taken to next highest multiple of $250)	$87,500.00
3. Your gross annual LTD benefit is (70% of $87,500)	$61,250.00
4. Less other income you are receiving	
PSSA benefit	$24,000.00
CPP disability benefit	$8,000.00
5. Your net annual LTD benefit	$29,250.00
6. And the amount of your monthly LTD payments ($29,250 divided by 12)	$2,437.50

If the cost of living rose by 2% in the year following the start of your benefits, your net monthly LTD benefit of $2,437.50 would be increased by 2% to $2,486.25 on January 1 following the effective date of your benefits.

Your PSSA and CPP or QPP benefits would be adjusted to reflect increases in the cost of living. You would receive the full increases under those plans and those increases would not be deducted from your LTD benefit.

On January 1 of each subsequent year, your LTD benefit would be further increased to reflect increases in the cost of living, up to a maximum of 3% annually.

Offsets: what types of income will be deducted from my Long-Term Disability benefits?

The following are the most common examples of income that would be deducted from your Long-Term Disability benefits:

- benefits received under the PSSA
- LTD benefits under the CPP or the QPP, excluding benefits payable to or on behalf of your dependants as a result of your disability

- benefits under the Government Employees Compensation Act, or similar benefits under a plan of the federal government or any other government
- LTD benefits paid or available under another group insurance plan, or under a policy issued to you as a result of your membership in a Public Service employee union or association
- disability insurance benefits under the legislation of any government, such as income replacement benefits under a no-fault automobile insurance plan
- loss-of-income benefits received under a third-party damage award

The following are examples of income that would **not** be deducted from your LTD benefits:

- increases related to the cost of living and indexation under the PSSA, CPP or QPP
- return of superannuation contributions where no pension entitlement is available
- benefits received under a purely private and personal insurance policy, or under a policy issued as a result of membership in a professional association not restricted to the public service
- severance pay

If you do not apply for benefits under the CPP or QPP and if, in the opinion of the insurer, the medical evidence indicates that you would be eligible for CPP or QPP benefits, the insurer has the right to reduce your basic monthly LTD benefit by the estimated amount of your CPP or QPP entitlement.

If you subsequently applied for CPP or QPP benefits and were declared ineligible, the reduction would cease, and the amounts previously withheld would be paid to you. Note, however, that if the insurer believes you have grounds for a successful appeal, the reduction may be continued until the conclusion of the appeal process.

The treatment of benefits payable under the PSSA as offsets under the LTD component of the PSMIP is illustrated on the in Table A1 in the Appendix.

If you cease to be employed in the public service, consult your departmental compensation services or the Public Service Pay Centre before opting for a public service pension. They can advise you how your choice of a public service pension will affect your monthly LTD benefit.

What will happen to my Long-Term Disability benefits if I earn money in a rehabilitation program?

While receiving LTD benefits, you may participate in a rehabilitation program that the insurer has approved in writing. Such a program could be for vocational training or be a period of work for the purpose of rehabilitation. Depending on the circumstances, you may be able to remain in such a program for up to 24 months and still receive some LTD benefits. Normally, the amount of your rehabilitation earnings will not be deducted from your monthly LTD benefits unless your total income while working, together with any benefits you are receiving under the LTD plan, exceeds the current salary of your former position.

What if I earn money from other employment?

If you earn money from any employment that the insurer does not consider rehabilitative, your benefits will be reduced by the total amount of those earnings.

What if I recover but become totally disabled again?

If you were in receipt of LTD benefits, recovered from the disability, and then become totally disabled again, the elimination period will be waived according to how long you were back at work:

- for no more than one month, if the two periods of disability are due to unrelated causes
- for no more than six months, if the two periods of disability are due to related causes
- for no more than 12 months, if the two periods of disability are due to the same cause

What happens if the group policy terminates?

If the group policy were to terminate for any reason after your disability began, the insurer will continue to pay benefits, as long as you remain totally disabled during a continuous period.

Are my Long-Term Disability benefits subject to income tax?

If you qualify for LTD benefits, the amount you receive will be subject to income tax. After the end of each year, the insurer will send you a form that indicates the total amount of LTD benefits paid to you.

The insurer does not automatically deduct taxes at source, except in the case of provincial taxes payable by Quebec residents. If you wish, the insurer will deduct taxes at source based on information you provide.

The monthly premiums you pay while you are employed are not tax deductible from earnings. Note the following:

- if you become eligible for LTD benefits, the total amount of any premiums you have paid from the time you became a member of this PSMIP may be deducted for tax purposes from the amount of your disability income from the Plan

- if the total amount of premiums you have paid exceeds the LTD benefits you receive during the first taxation year in which your benefits begin, you can carry over the excess amount to the following year

Consult the Canada Revenue Agency for details if you become totally disabled. Your departmental compensation services or the Public Service Pay Centre can help you determine the amount of premiums you have paid.

How do I submit a claim for Long-Term Disability benefits?

The insurer is committed to making a prompt and accurate payment of Long-Term Disability benefits to which you may become entitled. If you become totally disabled and you believe that your disability will last long enough for you to qualify for Long-Term Disability benefits, notify your supervisor or manager as soon as possible, who will take the next steps with the Public Service Pay Centre or departmental compensation services.

In order to be considered for LTD benefits, the following four forms must be completed by you, your employer and your doctor (attending physician). These forms:

- are required for you to make a LTD benefits claim
- must be completed as clearly and fully as possible
- must be submitted with supporting documents to the insurer to begin processing your disability claim

The forms should be sent two months prior to the end of the elimination period (13 weeks or the exhaustion of your sick leave, whichever is later). If you fail to submit the forms by this time limit, you may not be entitled to some or all benefit payments. Once the insurer receives the four completed forms, your claim will be processed within approximately 10 business days.

All four forms are available on the insurer website.

1. Employee’s Statement **(F54-1011A-57**)
2. Attending Physician’s Questionnaire, (**F54-1014A-57** Mental health condition), or (**F54-1015A-57** Musculoskeletal condition), or (**F54-1016A-57** for all other medical conditions)
3. Employer’s Statement (**F54-1012A-57** Immediate Supervisor or Manager)
4. Employer’s Statement (**F54-1013A-57** Compensation/Human Resource advisor)

The forms can be downloaded, completed by hand or electronically, saved as an email attachment, and submitted electronically with electronic signatures to disabilityclaims@ia.ca or faxed or mailed to the insurer according to the instructions on each form.

It is your responsibility to provide the insurer with sufficient medical evidence to support your total disability through these forms. If the information is not sufficient to establish that you are totally disabled, the insurer may arrange for you to be assessed by an independent medical specialist.

Ask your doctor to provide a full, well-documented report that clearly details the medical evidence supporting the diagnosis and prognosis. Your doctor may wish to supplement the required information on the form with narrative reports and copies of any tests or investigations conducted. It is your responsibility to ensure that your doctor completes the medical statement and that it reaches the insurer without delay.

If more than one doctor is involved in the assessment or treatment of your disabling condition (for example, a medical specialist), ask them all to supply the insurer with detailed medical reports.

The insurer's website also provides a checklist to help you complete your claim package. If you are having difficulty with your attending physician completing the Attending Physician's Questionnaire, contact the insurer to discuss your situation.

If your immediate supervisor or manager is not available, your more senior manager may instead complete and submit the Employer's Statement form (F54-1012A-57 Immediate Supervisor or Manager), provided they indicate to the insurer that they are doing so because of the unavailability of your direct supervisor or manager. In these cases, the name of the unavailable direct supervisor or manager should be indicated on the Employer's Statement (F54-1012A-57 Immediate Supervisor or Manager) form, on a separate sheet of paper, or in the submission email. If completion by a more senior manager is not an option, contact the insurer

Submission before the end of the elimination period (13 weeks or the exhaustion of your sick leave, whichever is later) gives the insurer an opportunity to inform you of the decision on your claim prior to the first day your LTD benefits become payable. If the claim is approved, payment can be processed on that day. Any omissions or unclear statements in completed forms could result in a delay in settling your claim.

Once the claim is received, the insurer has the right to:

- request additional medical information from your doctor
- arrange for your examination by independent medical specialists or other service provider(s)

When will my Long-Term Disability benefits start?

Your LTD benefits will be paid once you have used all of your sick leave, provided that the elimination period of 13 weeks has been met.

In most cases, the elimination period will consist of a complete absence from work for a period of 13 weeks. In certain circumstances, however, periods of absence due to the same illness or condition that occurred within the year immediately prior to the date of total disability can be used to calculate the elimination period. The first period of absence must have been for a continuous period of one month. These situations must be referred to the insurer for a decision on an individual basis.

General information

What is the waiver of premium benefit?

If you become totally disabled to the point where you qualify for Long-Term Disability benefits, or where you would qualify if you belonged to the Long-Term Disability portion of the PSMIP, any insurance coverage (Long-Term Disability Basic Life, AD&D, Supplementary Life, Dependants') in effect on the date you become disabled will be continued in force without payment of further premiums from the date your salary ceases until your recovery, death or 65th birthday, whichever comes first. You must provide proof that you were totally disabled when you first make a claim for the waiver of premium benefit, and from time to time as set forth in the policy. There is no waiver of premium benefit with respect to Post-Retirement Life Insurance.

Can I appeal the insurer's decision?

If you disagree with the insurer's decision on an application for life insurance or a claim for Long-Term Disability benefits, you can appeal to the insurer. If the insurer's decision remains unchanged, the Board of Trustees can review your case. The Board can only to make recommendations to the insurer and cannot overrule their decisions. If you want the Board of Trustees to review your case, write to the following:

Secretary to the PSMIP Board of Trustees
Relations and Total Compensation Sector
Treasury Board of Canada Secretariat
219 Laurier Ave West
8th Floor
Ottawa ON K1A 0R5

Privacy and protection of personal information

Who can access personal information in my file?

Personal information used to adjudicate your claim for Long-Term Disability benefits is held by the insurer. Authorized employees or other persons working for or on behalf of the insurer is allowed access to this information while performing their duties, as outlined above. You have the right to have access to the information on file and correct it if needed. You must make any such request in writing to the insurer.

Contact information

Who can I contact for more information?

Your departmental compensation services or the Public Service Pay Centre can provide you with further information on:

- conditions of membership
- application procedures
- commencement, continuation, termination or cancellation of coverage
- claim procedures

How can I contact the insurer?

You can contact the insurer at the following:

- Telephone (toll-free): 1-877-422-6487

- Email: disabilityclaims@ia.ca
- Fax (toll-free): 1-877-781-1583
- Mail:
  iA Financial Group
  Group Life and Disability Claims Department (PSMIP)
  522 University Avenue
  Toronto ON M5G 1Y7

You should quote the following when contacting the insurer regarding a claim:

- group policy number (G68-1400)
- name of the member
- nature of the claim
- employing department (or agency) of the member or the office held by the member

The claim forms and details regarding procedures will be sent to you or your beneficiary.

Appendix

The following table outlines the treatment of benefits payable under the *Public Service Superannuation Act* (PSSA) as offsets from Long-Term Disability benefits.

Table A1: Treatment of benefits payable under the Public Service Superannuation Act (PSSA) as offsets from Long-Term Disability benefits

Circumstance	PSSA benefit option	Offset from Long-Term Disability Plan

1. Termination with less than two years service	Return of contributions	No offset
2. PSSA disability retirement approved	Immediate annuity or Lump-sum payment	Offset immediately in full amount Offset immediately by amount equal to immediate annuity until full amount of lump sum has been offset
3. PSSA disability retirement applied for but not approved	Deferred annuity at age 60 Annual allowance from age 50 onwards Transfer value Return of contributions	Offset at age 60 Offset when payable Monthly offset at age 60 by amount equal to deferred annuity but capped when total of transfer value or lump sum has been offset
4. Application for PSSA disability retirement not made	Immediate annuity Deferred annuity at age 60 Annual allowance from age 50 onwards Transfer value Return of contributions	Offset immediately by full amount Offset immediately by amount of equivalent immediate annuity unless you prove that an application for a disability retirement had been declined. Capped when total of transfer value or return of contributions has been offset Where such proof is provided, offsets as in circumstances 3

Date modified: