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The Public Service Management Insurance Plan – Main plan booklet

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The Public Service Management Insurance Plan – Main plan booklet

From: Treasury Board of Canada Secretariat

On this page

What is the Public Service Management Insurance Plan?

▶ In this section

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

- Group Life Insurance
- 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 major benefit provisions of the PSMIP that apply to excluded public service employees. If you are a member of the Executive Group or are otherwise entitled to the government-paid insurance benefits provided to executives, refer to the Public Service Management Insurance Plan Executive Plan Booklet.

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

- 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 the trustees
- responds to matters raised by the trustees or the secretary as the need arises
- provides members with a 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 from 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.**

Long-Term Disability insurance

What is Long-Term Disability insurance?

The Long-Term Disability (LTD) component of the PSMIP is an important part of the income-protection arrangements for members. 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. The employer and the employee share the cost of the premium for this insurance.

Am I eligible for Long-Term Disability benefits?

If you are a member under the LTD insurance plan, you are eligible for 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 as long as 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 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 LTD 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 purposes 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 Canada 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 as an offset, will be subject to an annual increase related to increases in the cost of living, up to a maximum of 3%.

Any retroactive salary increase approved after the date your LTD benefits become payable affects your insured salary and benefit level only when the effective date of the increase precedes the date on which your LTD benefits began. For example, a retroactive salary increase approved in April that took effect from February 10 would affect your LTD benefits only if your benefits began on February 11 or later.

Table 1: example of benefit calculation

1. Your annual salary at end of elimination period	$47,925
2. Your insured salary (annual salary taken to next highest multiple of $250)	$48,000
3. Your gross annual LTD benefit (70% of $48,000)	$33,600
4. Less other income you are receiving	
PSSA benefit	$14,000
CPP disability benefit	$8,000
5. Your net annual LTD benefit	$11,600
6. The amount of monthly LTD payments ($11,600 divided by 12)	$967

If the cost of living rose by 2% in the year following the start of your benefits, your net monthly LTD benefit of $967 would be increased by 2% to $986.34 on January 1 following the effective date your benefits start.

Your PSSA and CPP or QPP benefits would be adjusted to reflect increases in the cost of living. You would receive the full increase under those plans, and the increase 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 examples illustrate the most common types of income that would be deducted from your LTD 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 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 Long-Term Disability benefits:

- increases related to the cost of living 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 chart 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 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 benefits. Normally, the amount of your rehabilitation earnings will not be deducted from your monthly 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 your 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 under the PSMIP, 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 the premiums you have paid from the time you became a member of the PSMIP may be deducted for tax purposes from the amount of your disability income from the PSMIP
- if the total amount of premiums you have paid exceeds the LTD benefits you receive during the first taxation year in which your LTD 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 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 benefits, notify your immediate supervisor or manager as soon as possible, who will take the next steps with the Public Service Pay Centre or departmental compensation services.

To be considered for LTD benefits, the four forms listed below 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’s 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 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.

What other insurance is available to me?

▶ In this section

The PSMIP provides public service employees who are excluded from the collective bargaining process, or their families, with benefits in the event of accident or death. The PSMIP offers four types of optional insurance, which you may obtain at your own expense.

To be covered for optional insurance, you must complete an application form. You can apply for coverage under the following:

1. **Basic Life Insurance:** a lump-sum benefit roughly equal to your annual salary, payable to your beneficiary in the event of your death from any cause
2. **Supplementary Life Insurance:** an additional layer of insurance identical to that provided by Basic Life Insurance
3. **Accidental Death and Dismemberment (AD&D) Insurance:** a lump-sum benefit payable to your beneficiary if you are killed in an accident (on or off the job), or to you directly if you are maimed in an accident
4. **Dependants' Insurance:** a lump-sum benefit to you in the event of the death or dismemberment of one or more of your dependants

Applications for Basic Life and Dependants' Insurance made more than two months after you or your dependants become eligible to join the PSMIP must be accompanied by evidence of insurability that is satisfactory to the insurer. For example, a member who enters into a relationship that satisfies the definition of spouse, and who does not apply for Dependants' Insurance within two months of having satisfied the requirements of the definition, must provide evidence of the spouse's insurability in a form that is satisfactory to the insurer when submitting an application.

The applications for Supplementary Life Insurance may be made at any time and must be accompanied by evidence of insurability that is satisfactory to the insurer.

Life insurance benefits payable under the PSMIP are in addition to any Supplementary Death Benefit payable under the PSSA.

Basic Life Insurance

How is Basic Life Insurance calculated?

Your Basic Life Insurance is based on your salary adjusted to the nearest $1,000 (for example, all salaries in the range of $47,500.01 to $48,500.00 would be rounded to $48,000). This $48,000 figure is the adjusted salary. The definition of salary is the same as that used for the Supplementary Death Benefit under the PSSA. If you are a part-time employee, your annual salary for the purposes of insurance is determined by reducing the full-time salary for your occupational group and level, in proportion to the relationship of your assigned hours of work to normal full-time hours in that group. That amount is then rounded to the nearest $1,000.

The amount of Basic Life Insurance is one year's adjusted salary (as described above) up to age 65. On the first of the month following your 66th birthday, the basic amount becomes 90% of one year's adjusted salary. It becomes 80% of one year's adjusted salary one year later, and so on. Coverage will never be less than 10% of one year's adjusted salary while you remain a member of the PSMIP.

The amount of this insurance will be revised immediately to reflect any changes in salary due to annual increments, economic increases or promotions. In the case of a retroactive salary change, coverage will change on the first of the month following the month in which the change was authorized.

The premium rates for Basic Life Insurance are related to your sex and age. You are responsible for paying 100% of the premiums.

If you die from any cause while insured under Basic Life Insurance or Supplementary Life Insurance, the amount of life insurance in force at that time will be paid to your beneficiary. You may name your own beneficiary. Your beneficiary may be:

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

Your beneficiary would receive any life (Basic and Supplementary) insurance and accidental death benefits payable under the policy. To change beneficiaries at any time (subject to any applicable provincial or territorial law), complete the PWGSC-TPSGC 2028-1 - Public Service Management Insurance Plan form. If you do not name a beneficiary, or if your beneficiary predeceases you, benefits will be paid to your estate.

Supplementary Life Insurance

Is there any additional insurance available?

If you decide to take Basic Life Insurance under the PSMIP, you may also elect to take Supplementary Life Insurance, subject to the insurer's approval. The amount of Supplementary Life Insurance is equal to the amount of Basic Life Insurance, and together these would bring your total protection to twice your adjusted salary. **Evidence of your insurability that is satisfactory to the insurer is needed for Supplementary Life Insurance, no matter when you apply.**

As for Basic Life Insurance, the premium rates for Supplementary Life Insurance are related to your sex and age.

Accidental Death and Dismemberment (AD&D) Insurance

How does AD&D Insurance work?

The maximum principal sum available through AD&D Insurance is $250,000. It is available in units of $25,000. You may select any number of units, up to 10, unless you are a part-time employee, in which case the maximum number of units available to you depends on your assigned hours of work. Your departmental compensation services or the Public Service Pay Centre can provide full details. If you sustain any of the losses listed in Table 2 solely through external accidental means, the following benefits will be paid in addition to any life insurance or LTD benefits payable under the LTD Plan:

Table 2: schedule of amounts of insurance

Type of AD&D	Benefit
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)	One quarter of the principal sum

As an example, if you carried five units of this insurance and were killed in a car accident, your beneficiary would receive $125,000 (the principal sum). If, instead, you lost one foot, you would receive $62,500 (half 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 the principal sum.

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 available for 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 with you and has resided with you for a period of at least one year and whom you have publicly represented as your spouse
- all 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:
  - on the first of the month following your 65th birthday, all amounts are reduced to $1,250, 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 principal sums are reduced to $1,250 after you reach age 65; 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 in Table 2

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 that 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?

The amount payable is 50% of the total amount of your life insurance or $50,000, whichever is less.

How do I apply for the Living Benefit?

To request the Living Benefit, contact the insurer. 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 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.

Termination of employment

▶ In this section

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

If you leave the public service, your life insurance will cease, subject to a 31-day extension period. During that extension period, you will be able to obtain an individual private life insurance policy, including some types of term insurance regularly issued by your insurer **without** medical examination and regardless of your state of health. Such a policy:

- may be for any amount equal to or less than the amount for which you were last insured under the group policy
- will be available at the insurer's standard rates for your age, based on any special non-medical hazards (for example, hazards that an aircraft pilot could experience) to which you may be exposed

If your own PSMIP Basic Life Insurance ceases, Dependants' Insurance will also cease. However, your Dependants' Life Insurance may also be converted to an individual private policy. AD&D and LTD Insurance cannot be converted to private policies. They terminate on the day you leave the public service.

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

General information

▶ In this section

What is the waiver of premium benefit?

If you become totally disabled to the point where you qualify for LTD benefits, or where you would qualify if you belonged to the LTD portion of the PSMIP your optional life and LTD insurance 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. This benefit is subject to proof of total disability. You must provide this proof when you first make a claim and from time to time as set forth in the policy.

Can I appeal the insurer's decision?

If you disagree with the insurer's decision on an insurance application or a claim for your LTD 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 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
Employee 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 LTD benefits is held by the insurer. Authorized employees or other persons working for or on behalf of the insurer are 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

▶ In this section

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 Ave
  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 (LTD) benefits.

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

Circumstance	***Public Service Superannuation Act*** **benefit options**	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 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 onward 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 onward 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 circumstance 3

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