

Important Information for Claimants

You must be an active **member** of SGEU at the time of making a claim for LTD Benefits and to remain covered once on an approved claim. **Do not resign from your employment** during the eligibility period or while on a claim.

You must submit your LTD application within one-year from your date of disability. It is recommended that you **submit your application within the 119-day elimination period** to avoid delays in your receipt of benefits.

Accrued sick leave with your employer must be depleted prior to receiving LTD Plan benefits, even if your claim is approved. You are not required to use your accrued vacation.

Your LTD Premiums must be paid and up to date to be eligible for a claim. If you have questions, contact LTD@SGEU.ORG or 306-775-7876 (1-800-667-5221).

The SGEU Long Term Disability Claim Forms

The LTD package includes:

- Long Term Disability Plan Guide
- Disability Management Staff Support
- Member's Statement – Claim for SGEU LTD Benefits
- Physician's Initial Report Form
- Job Demands Information
- Blue Cross Direct Deposit Request
- 9 separate release forms

Completed claim documents can be submitted by:

Mail:

Pre-Paid Envelope Provided
Attention: SGEU LTD Department
Saskatchewan Government and General
Employees' Union
1011 Devonshire Drive North
Regina, SK. S4X 2X4

Fax:

1-306-775-5775

Email: LTD@SGEU.ORG

Checklist for Claim Forms

Member's Statement Long Term Disability Benefits (Member's Statement)

- ☐ Complete all areas of the form, both front and back, sign and date.
- ☐ Include ID with Date of Birth (non-certified copy of birth certificate or copy of valid driver's licence or passport)
- ☐ Electronic Funds Transfer Form - Complete the form and attach a copy of a void cheque or a bank authorization form.
- ☐ Nine (9) Releases for Information (each release is a legal requirement for SGEU LTD to be able to gather and communicate with stakeholders regarding relevant information for your claim and benefits payments. See forms for further details.

Job Demands Form

- ☐ This form is to be completed and signed by your immediate supervisor/employer/delegate.

Physician's Initial Report Form

- ☐ **Complete Part 1**, sign and date and provide to your family doctor and/or specialist to complete Parts 2 to 8.
- ☐ Ensure the **physician attaches copies** of referrals, consultations, diagnostics and test results.
- ☐ **It is the Claimant's responsibility to pay for any costs incurred for the completion of this document.**

If your disability is a result of:

- A workplace injury you must apply for WCB benefits and include all WCB documentation and claim information with your LTD Claim submission.
- A motor vehicle accident you must apply for SGI benefits and include all SGI documentation and claim information with your LTD claim submission.

Advocates are available at 306-775-7876 or 1-800-667-5221 if you have questions or require assistance in completing your LTD Claim.
