
LONG TERM DISABILITY (MEMBER) - PLAN DESCRIPTION

The Long Term Disability plan (LTD) provided by the Catholic Principals' Council of Ontario and underwritten by RBC Life Insurance Company (RBC Life) has been designed with choices so that each member may decide on the LTD option that best meets his or her personal needs. No pre-existing health condition exclusion applies. The Critical Illness component of your LTD benefit is underwritten by Western Life Assurance Company.

Below you will find the following information:

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ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

Your date of eligibility is the later of:

- the date your local Principal/Vice-Principal group was initially offered to transfer coverage over to the CPCO Benefits Program; or
- the date you are appointed as a new administrator.

You have 90 days from the date you become eligible to apply without a requirement for medical evidence. Your coverage will be effective retroactive to the date you became eligible for coverage. Should you choose to apply after the 90 day period from the date you become eligible you will be required to complete a Statement of Health and you will be subject to approval by RBC Life. If approved, your coverage becomes effective on the date of approval.

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FIRST ALERT EARLY NOTIFICATION PROGRAM

In order to assist you in the claims filing process, the First Alert Early Notification Program is included as part of the LTD Plan. Once you have been absent from work for 15 working days due to illness or injury, please contact Johnson's LTD Disability Department toll free at **1.877.709.5853** or e-mail **cpcoclaims@johnson.ca**. This will enable us to begin assisting you with the claims filing process as early as possible to ensure a smooth transition through your absence to LTD benefits if your illness continues.

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LONG TERM DISABILITY - OPTIONS

The benefit you collect when disabled is not subject to income tax when you pay 100% of the premium. All options provide a benefit **of 55% of monthly salary, up to a maximum benefit of \$8,000**. You may elect one of the five following options:

LTD OPTION	ELIMINATION PERIOD	COVERAGE END DATE	COST OF LIVING ADJUSTMENT
1	100 Calendar Days	The earlier of age 65 or the date you become eligible for a 70% unreduced pension	None
2	150 Calendar Days	The earlier of age 65 or the date you become eligible for a 70% unreduced pension	None
3	100 Calendar Days	The earlier of age 65 or the date you attain the "85 factor" under your pension plan	None
4	150 Calendar Days	The earlier of age 65 or the date you attain the "85 factor" under your pension plan	None
5	100 Calendar Days	The earlier of age 65 or the date you become eligible for a 70% unreduced pension	3% after 24 months of paid benefit

Factors to be considered when choosing an option:

- **The elimination period:** the minimum period that you will need to wait from the date of a disability to the date the benefit commences. You have the option to continue to use your accumulated sick leave credit if you so wish.
- **The coverage end date:** a 70% unreduced pension equates to 35 years of pensionable service, while the 85 Factor equates to the sum of your age at retirement plus your years of service (i.e. age 55 plus 30 years of service). The duration of coverage is shorter under options 3 and 4, with the 85 Factor.
- **The cost of living adjustment (COLA):** The COLA provides an annual increase to the LTD benefit after the first 24 months of paid benefit equal to CPI to a maximum of 3%.

Members who elect Options 3 or 4 must be aware that their LTD Benefit / Coverage will terminate when they have attained the "85 Factor", regardless of the actual amount of their pension or age at that time. Therefore Options 3 and 4 should be chosen only by Members who are planning to retire when they reach their "85 Factor".

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RATES AND SAMPLE COSTS

The rate is expressed as a percentage of salary. Your annual cost is calculated by multiplying your salary by the rate for the option you have selected. For example, using an annual salary of \$100,000 the following are the annual and monthly costs for each option:

LTD Option	Elimination / Termination	Rate (% of Salary)	Annual Premium	Monthly Premium
1	100 / 70%	1.24%	\$ 1,240.00	\$103.33
2	150 / 70%	1.10%	1,110.00	91.67
3	100 / 85 Factor	1.09%	1,090.00	90.83
4	150 / 85 Factor	0.98%	980.00	81.67
5	100 / 70% / COLA	1.41%	1,410.00	117.50

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OTHER BENEFITS AVAILABLE UNDER YOUR LTD COVERAGE

- **Spousal Disability Benefit**
60-day elimination period, \$1,000 a month to a lifetime maximum of 24 months, 6 month pre-existing/no offsets, and disability based on 2 or more Activities of Daily Living (bathing, eating, dressing, toileting, continence and transferring).
 - **[Work-Life Program](#)**
Designed to help Members and their families manage workplace stress, personal and family issues. 24 hr access to professional advice, up to 3 personal sessions. For more information [click here](#) (UserID: rbceng; password: rbceng)
 - **Workplace Modification**
Employer reimbursement of the greater of up to \$1,000, or the equivalent of 2 months of monthly benefit.
 - **Basic Critical Illness**
One time tax free lump sum benefit of \$2,500 upon surviving a prescribed period following the diagnosis of Heart Attack, Stroke, Cancer (some exclusions), or Kidney Failure.
 - **Survivor Benefit**
3 month gross disability payment (Dependent definition includes common-law/domestic partner).
 - **Accelerated Survivor Benefit**
Survivor Benefit will be paid early if claimant terminally ill.
 - **[Best Doctors®](#)**
World leader in connecting people with the best medical care, providing rapid access to the best medical knowledge. For more information [click here](#) (UserID: rbceng; password: rbceng)
 - **Rehabilitation and Return to Work Assistance Benefit***
Voluntary program in assisting claimant to return to work, extra 10% of gross disability payment to a monthly benefit of \$1,000 month.
 - **Dependent Care Expenses***
To support broader needs of claimant while participating in Rehabilitation/Return To Work Program*, extra \$350 per month, per dependent to a maximum of \$1,000 per month for all eligible dependent care expenses combined.
- * The **Rehabilitation and Return To Work Assistance Benefit** and **Dependent Care Expense Benefit** are subject to a combined 110% benefit maximum.

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FREQUENTLY ASKED QUESTIONS

1. Who is responsible for the CPCO Long Term Disability (LTD) Plan?

- ▶ The Plan Provider: The LTD Plan is made available through the Catholic Principals' Council of Ontario (CPCO) to participating principal/vice-principals districts
- ▶ The Plan Administrator and Claims Facilitator: Johnson Inc. (Johnson)
- ▶ The Insurer: RBC Life Insurance Company

2. What is the 90 day open enrolment period?

This is the period starting from the date of your appointment as a principal or vice-principal, during which you are eligible to enrol in the CPCO Benefits Program (including LTD) without being required to provide medical evidence of good health.

3. What should I consider in choosing my LTD option?

There are three areas to consider when making the choice:

- ▶ The number of sick days you have and how important is it to you to conserve these.
 - Will the number of sick days I have accumulated be sufficient to cover the 150 calendar day elimination period?
 - Would it be more beneficial to only use enough sick days to cover the first 100 calendar days from the day I become disabled?
 - How many sick days will the board allow me to bank?

- ▶ The date you might choose to retire:
 - Will I retire with the 85 Factor (age plus years of service) or work longer?
 - Will I continue working until I reach a 70% unreduced pension (35 years of service)?
 - Will I reach age 65 before either of these two dates?

- ▶ How valuable is a cost of living indexing on LTD benefits to you. Consider that a disability can potentially last many years.

Please review the details of the Options you have in your CPCO Member Benefit Summary brochure. If you have any questions on which option to choose, please call Johnson Inc. at 1-800-461-4155 or speak with a staff at CPCO, 1-888-621-9190.

4. Can I change my coverage option once I've enrolled?

Yes, you can. If you change your mind during the first 90 days from your appointment (Open Enrolment Period) you can change your choice without any restrictions. However, after the first 90 days, medical evidence of good health will be required if you are requesting to upgrade the LTD level of coverage (i.e. change from Options 3 or 4, to Options 1, 2 or 5). Please note that, unless cancelling coverage, you must remain in the option you elected for 12 months before making a change. You can then move to either Option 3 or 4 from Options 1, 2 or 5 without medical evidence.

5. What happens with my coverage when I'm on a Leave of Absence from the school board?

You can maintain your LTD coverage for up to 24 months while on a board approved Leave of Absence (36 months in the case of an extended maternity leave), so long as you continue to pay the premiums. It is strongly recommended that coverage be maintained while on a leave. You will be required to provide medical evidence of good health upon your return, should your coverage cease while on leave.

If you maintain your LTD coverage and become disabled while on leave and your claim is approved, your benefits will commence on the later of the date you complete your elimination period, and the date you were scheduled to return from your leave.

A Leave of Absence may affect other coverages you have in place. Please remember to notify the CPCO office at 416-483-1556 or toll free at 1-888-621-919 and Johnson Inc. at 1-800-461-4155 of the dates and the nature of your leave.

6. When can I request to cancel my LTD coverage?

You need to notify Johnson Inc. in writing as soon as your retirement date is set. For the purpose of cancelling LTD coverage your retirement date will be the earlier of the date you turn 65 or:

- ▶ Under Options 1, 2 or 5: the date you are entitled to receive a 70% unreduced pension (35 years of service).
- ▶ Under Options 3 or 4: the date you reach the “85 Factor” (age plus years of service), regardless of the level of your pension.

The effective date of your cancellation will be your retirement date less the number of days under the Elimination Period in the Option you are enrolled in:

- ▶ Under Options 1, 3, and 5, the Elimination Period is 100 calendar days.
- ▶ Under Option is 3 and 4: the Elimination Period is 150 calendar years.

Please note that neither CPCO nor Johnson Inc. have access to any information on your pension directly from the Ontario Teachers' Pension Plan (OTPP). Any questions relating to your pension plan and eligible retirement date(s) should be directed to the OTPP.

7. Can I cancel LTD coverage in the last year prior to my retirement?

Yes, you may be able to cancel your LTD coverage if you believe you have enough sick days to carry you through to retirement. However, prior to canceling any coverage, please call the CPCO Office at 416-483-1556 or toll free at 1-888-621-9190 to review the board requirements under the Terms and Conditions of your employment contract with your board. You may also wish to seek the advice of a professional financial advisor to assess whether terminating your LTD coverage is in your best financial interest.

8. In case of a potential LTD claim, whom do I contact?

If you are away from work due to illness or injury for 15 working days or more, you should call Johnson to access the First Alert Early Notification Program.

From the first call, even if you're not sure if you need to file a claim, through to the point at which you might be ready to return to work, Johnson keeps the lines of communication open, by serving as a facilitator to all parties.

As a facilitator, one of Johnson's roles is to answer any questions that you might have, even before you are ready to file an LTD claim. Johnson will help you understand all your options. If you decide to file a claim, Johnson will discuss the LTD claims process and what will be required, and then forward the LTD claim kit to you.

9. Who manages the paperwork?

Johnson manages the paperwork during the claims process from submission of the claim forms through to your return to work or retirement. The LTD team at Johnson liaises with the employer, member and insurer to minimize any delay in the submission of the claim forms, adjudication of the claim, or benefit payments.

10. Who supports the member during the claim process?

The LTD team at Johnson will provide front line support and assist the member from the claim occurrence through return to work. The LTD team ensures that all the forms are completed and sent to the insurer within 24 hours of receipt. The LTD team follows up with the insurer regarding the status of the claim, and liaises with the insurer and the member.

CPCO's role with respect to the LTD plan is that of an advisor and advocate. Though not a required step in the claims process, you are encouraged to contact CPCO. Please note that the member's privacy is respected. Johnson will not disclose any particulars of your claim with CPCO without your express consent.

In situations where CPCO is involved the return to work or rehabilitation process is generally more successful, with a smoother transition for the member.

11. What is the definition of Disability under the LTD Plan?

You will be considered disabled if, during the first 24 months of disability following the elimination period, you are unable to perform the material and substantial duties of your regular occupation, and have a 20% or more loss in indexed monthly earnings (Own Occupation).

After that, you will be considered disabled if you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience (Any Occupation).

Gainful Occupation means an occupation that is, or can be expected to provide you with an income within 12 months of your return to work, that exceeds 80% of your indexed monthly earnings, if working; or 60% of your indexed monthly earnings if not working.

12. What level of medical verification / evidence is required to substantiate an LTD claim?

At the time of claim and at certain points over the duration of the claim the insurer will require medical verification / evidence to substantiate the claim. Every effort will be made to assess the member's status of disability through medical information such as physician statements, copies of all medical records, clinical notes, tests and investigation reports confirming the diagnosis and the extent of the impairments.

In some situations, the insurer may request additional medical information, directly from the physician. In some cases, the claimant may be asked to undergo an Independent Medical Examination (IME), either prior to a decision being made or while a claim is ongoing.

13. When Do Benefits Begin?

Benefits begin upon approval and after you complete the elimination period. If you elect Option 1, 3 or 5, the elimination period is the later of 100 continuous calendar days and the expiration of the accumulated sick leave days you choose to use.

If you elect Option 2 or 4, the elimination period is the later of 150 continuous calendar days and the expiration of the accumulated sick leave days you choose to use. When you elect your coverage Option you should take into account the number of sick days you have accumulated.

You do not have to use any additional sick days beyond the elimination period (100 or 150 calendar days) if you do not wish to do so.

14. Once the claim is approved, can the monthly LTD benefit be reduced?

Within the policy there are limits that may reduce the benefit to less than the initially calculated amount. The formula used to calculate the benefit payable is as follows:

The lesser of:

- ▶ 55% of the pre-tax monthly earnings (rounded to the next higher dollar) less 100% of direct deductible sources of income, or
- ▶ 85% of net pre-disability earnings less 100% of direct and indirect deductible sources of income, or
- ▶ \$8,000.00.

Direct deductible sources of income: examples of these are: income that the member receives or is entitled to receive from Workers' Compensation, the Canada Pension Plan disability, CPP Retirement including the amount that the spouse and children receive or are entitled to receive, salary continuation income, pension income, and other government benefits.

Indirect sources of income: examples of these are: income that the member receives or is entitled to receive from other group insurance disability benefits, and other disability payments under the member's employer's retirement plan.

Any applicable Cost of Living Increase (Option 5) is not factored in when applying limits.

15. How does the Rehabilitation and Return to Work Assistance program affect the LTD benefit?

If you are participating in RBC Insurance's Rehabilitation and Return to Work Assistance program, you will receive an extra 10% of your gross disability payment, limited to a total benefit of 110% of your gross pre-disability earnings.

16. How long can I be on LTD?

You will continue on LTD so long as you continue to meet the definition of disability and have not reached the termination date according to your chosen option (i.e. age 65, 70% unreduced pension, 85 Factor).

The termination date will be the earlier of the date you turn 65 or:

- ▶ Under Options 1, 2 or 5: the date you are entitled to receive a 70% unreduced pension (35 years of service).
- ▶ Under Options 3 or 4: the date you reach the "85 Factor" (age plus years of service), regardless of the level of your pension.

Please note that, as part of the claims application process, you will be asked for confirmation from the Ontario Teachers' Pension Plan (OTPP) of your eligible date of retirement. Neither CPCO nor Johnson has access to any information on your pension directly from the OTPP. Any questions relating to your pension plan and eligible retirement date(s) should be directed to the OTPP.

Disclaimer:

The information above is an overview of the coverage available and is not a valid contract. If there are any discrepancies between this information and the Master Policy, the provisions of the Master Policy shall govern.

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