



Catholic Independent Schools of Vancouver Archdiocese

Benefit Plan Programme

BENEFITS COVERAGE DURING COVID-19 PANDEMIC

March 31, 2020

INTRODUCTION:

Many employees and employers are wondering what to do during this unprecedented medical crisis. Some employees are being laid off, some are told to quarantine to be safe, some are self-isolating, some are showing symptoms, etc. There are many scenarios to consider. This bulletin is being written for guidance, as we all work our way through this severe medical crisis.

WHO DO I CALL IF I HAVE QUESTIONS?

If you have questions that deal with employment or labour relations, call your Human Resources Dept, or local supervisor or payroll person. This would include information about reduced hours, layoffs, whether you will/will not be paid, how you might apply for the Federal and Provincial grants, etc. *Do not call the Benefits Office as they are not familiar with employment issues.*

However, if you have questions about your Canada Life Benefits Plan, you should *first speak to your local Benefits Representative* – every Division/School/Parish has a designated local benefits representative. If the Benefits Representative does not have the answer to your question, then he/she will find out and get back to you.

The Benefits Representative is the person who will call the Vancouver Benefits Office if they need help in answering questions. If needed, the Benefits Office will call Canada Life for clarification of answers. Once obtained, the answers will be conveyed to the people to whom they concern.

Please follow this communications protocol – efficient communications are vital in situations like this.

HOW DOES THE BENEFITS PLAN WORK WITH RESPECT TO SHORT-TERM DISABILITY?

Your local employer is part of a multi-employer group that has a contract with Canada Life Assurance Co. to provide defined benefit services for a defined monthly premium that you and your local employer pay.

In terms of disability, you are defined to be disabled if you are unable to do at least 60% of your job duties and this supported by medical information from your doctor). Often your doctor is asked to provide Canada Life with your medical file so that their adjudicating doctors can trace the medical evidence leading up to your disability. If you are deemed to be disabled, you will go onto Short-Term Disability (STD) after satisfying the 7 consecutive days of waiting period. You will be paid 66.67% of your weekly salary, tax free, at the time of the disability. After 15 weeks, if you are still deemed to be disabled, you will go onto Long-Term Disability (LTD) for 24 months and will continue to be paid 67% of your monthly salary (at the time of disability), tax free. As you approach the 24-month end-time, your claim will be reviewed to see if additional training, beyond your education, training and experience, may

be needed to return you to gainful employment. If you are deemed to be completely unable to work in any occupation, your long-term disability will continue to age 65.

HOW DOES THIS PROCESS COME INTO PLAY WITH THE COVID-19 PANDEMIC?

- If am unable to work due to quarantine orders (from health care provider, government official, or their employer) and I do not have an illness, is my claim payable?
No, short-term disability coverage is meant to provide wage replacement, when you are unable to work due to disease or injury.
- If I am unable to work due to illness and I test negative for COVID-19, is this claim payable?
Yes, Canada Life will assess and manage the claim using the definition of disability in your group policy. The waiting period of 7 days will apply as usual.
- If I test positive for COVID-19 and am unable to work due to illness, is this claim payable?
Yes, Canada Life will accept the claim, and will request medical as needed for ongoing acceptance. The 7-day waiting period is waived for positive COVID-19 test results. To submit a claim, use the Canada Life COVID-19 Claim Form attached to this bulletin. It is also posted on the CISVA website.
- If I test positive for COVID-19, am not ill, and can work from home, is this claim payable?
No, definition of disability would not be met as you are not disabled from your job.
- If I test positive for COVID-19, and am not ill, and I cannot work from home, is this claim payable?
Canada Life will accept the claim and will request medical if needed for ongoing acceptance. The waiting period is waived for positive COVID-19 test results

WHAT DID CANADA LIFE CHANGE BECAUSE OF THE COVID-19 PANDEMIC?

There is usually a 7-day waiting period before you could apply for STD. Canada Life has reduced this waiting period to zero if your claim for STD has a confirmed diagnosis of COVID-19.

However, if your STD is not with confirmed COVID-19, the waiting period is still 7-days before you can apply for STD, e.g., broke your leg.

BUT MY SCHOOL WAS CLOSED, OR I WAS FORCED TO/CHOSE TO SELF-ISOLATE?

This becomes a labour question. Speak to your employer about whether you will get paid or can use your sick days afforded to you by your employer. The Benefits Office only deals with benefits questions as they pertain to the benefits plan with Canada Life. The Benefits Plan will not pay disability benefits if you have no disabling symptoms.

IF I AM ALLOWED TO USE MY SICK DAYS, CAN I STILL GET STD AT THE SAME TIME?

No, you cannot “double dip” by getting sick days pay (100% salary) as well as 66.67% STD pay. If you get paid for sick days and these payments overlap with your STD paid days, the amount you received for the sick days will be clawed back by your employer. Remember, you can’t “double dip”.

BUT MY SICK DAYS PAY ME MORE (100%) THAN THE STD PAYMENTS (66.67%)?

Not necessarily. Remember that sick day payments are taxable, whereas STD payments are non-taxable, so depending on your income tax level, you could take home the same, more or less money when you do the math comparing the two forms of income.

IF I AM LAID OFF, CAN I STILL GET BENEFITS COVERAGE?

Benefits coverage is a privilege of working for an employer that offers its employees a benefits plan. When employment stops, so does the benefits coverage. Therefore, if you voluntarily resign or are terminated, the benefits coverage ceases on the last day of employment.

However, if you are temporarily laid off due to no work, or your organization is closing down for a *temporary* period of time, the plan agreement does allow such an employee to receive Extended Health and Dental coverage only (no STD, LTD, Life Insurance, Accidental Death & Disability, etc.) for the period of *temporary* lay off. Such would be the case with the COVID-19 pandemic. If your place of employment closes due to the COVID-19 pandemic and/or you are being *temporarily* laid off, you can choose to continue your Extended Health and Dental coverage during your period of being laid off. Your premiums will still have to be paid during your period of layoff for coverage to continue, and the cost will vary base on what you choose – see your local benefits rep. for the cost.

WHAT ABOUT PENSION? DOES THAT CONTINUE WHEN I'M LAID OFF?

Pension is a percentage of your salary earned. For most employees it's 7% contribution from you, and a matched 7% from your local employer, for a total of 14% of your salary. If you are laid off, there is no salary, therefore the contributions to your pension plan are zero (14% x \$0). However, as soon as you come back to work, those contributions are reinstated immediately.

WHAT HAPPENS IF I COME BACK TO WORK PART-TIME?

The agreement with Canada Life requires that an employee must work a minimum of 20 hours per week to get Health benefits. So, if you come back to work for two days a week, you don't qualify for health benefits – but, you will still get your matched pension contribution. Note: Once you join the pension plan, you will always get that matched contributions on whatever salary you earn. We use the expression: "Once in, always in" for the pension plan. It's not like that for the health benefits – to get those you must work a minimum of 20 hours per week.

WHAT ABOUT MY PRESCRIPTION DRUGS?

The Canadian Pharmacists Association recommends that you should have common over-the-counter drugs for cold, fever and flu relief on hand, but don't go out and panic buy. Same with your prescription drugs, but once again don't panic buy. Some pharmacies may enact their own restrictions on quantities to help prevent the risk of drug shortages. Your prescription drug coverage is not affected by COVID-19.

IF I'M NOT FEELING WELL, SHOULD I GO TO THE DOCTOR OR HEALTH CLINIC?

Virtual Health care can get you help and allow you to continue social distancing. Canada Life will accept receipts for virtual appointments from approved providers in the same way as face-to-face receipts.

WHAT'S THE BEST WAY TO SUBMIT CLAIMS?

For the fastest processing, send claims through GroupNet for plan members and receive payments directly to your bank account. For life and accidental death and dismemberment claims, contact the Benefits Office to start the process.

If you have been laid off due to COVID-19, don't forget to fill in the *CISVA Temporary Lay Off Claim Form* attached to this bulletin (also posted on the CISA website) and send it to the Benefits Office.

PUBLIC HEALTH UPDATES FOUND AT:

Keep yourself updated with the Federal and Provincial governments latest announcements at:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html?cid=eb%7CGroupBenefit%7CGroupNet%20-%20COVID-19%20Group%20Benefit%20Member%20Groupline%20-%20March%2027%20-%2031,%202020%7CDMO-5423> EN 3

<https://news.gov.bc.ca/releases/2020HLTH0113-000581>

IMPORTANT NOTE:

The COVID-19 pandemic is not yet stable, and responses to it are subject to change. Both the Federal and Provincial governments provide daily updates on television and on their respective websites. Canada Life has also been posting updates and sending them to the plan sponsors. This CISVA Bulletin is accurate as of March 31, 2020 and is also subject to change based on the changes made by the aforementioned authorities.

Benefits Administration Office



Plan Member Confirmation of Illness Form

Please only complete this form if your absence is due to the novel coronavirus (2019-nCov)] symptoms or if you have a clinical diagnosis of the novel coronavirus.

In recognition of the increasing pressure on our medical clinics and hospitals due to the global health emergency, we will not, at the outset, require an Attending Physician's Statement as part of your Short Term Disability claim submission if your absence is due to novel coronavirus symptoms, a clinical diagnosis of the virus, or a quarantine order. This is a time limited exception as we move through the current situation.

In the absence of an Attending Physician's Statement, we require confirmation of your symptoms and any medical treatment you may have received for your condition. Accordingly, please complete and sign this form and return it with your Plan Member Statement to the appropriate Claims Office.

1. Please confirm:

Date symptoms first appeared: _____
(dd/mm/yyyy)

First day absent from work: _____
(dd/mm/yyyy)

2. Please indicate the symptoms associated with your illness:

- | | |
|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Decreased appetite |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Muscle aches | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Shortness of breath | |
| <input type="checkbox"/> Other _____ | |

3. Do you have any other health problems that might affect your recovery (e.g. diabetes, heart disease, respiratory illness)?

4. What event(s) led to the potential exposure (e.g., travelled to the affected region, exposed to someone who is infected)?

☐ I'm following Public Health recommendations to stay at home.

☐ Who directed you to self-quarantine (Public Health, Physician, Other – indicate who)?

☐ Date(s) of medical consultation or date directed by Public Health to self-quarantine? _____
(dd/mm/yyyy)

☐ Name and phone number of medical authority/clinic/physician who instructed you to self-quarantine.

5. Did you undergo a test for novel coronavirus? If so, what were the results (positive, negative)? If test results not received, when are they expected? If not tested, why not?

• When did the self-quarantine period start? _____
(dd/mm/yyyy)

• When do you expect the self-quarantine period to end? _____
(dd/mm/yyyy)

• When do you expect to return to work? _____
(dd/mm/yyyy)

• When are you next seeing your physician? _____
(dd/mm/yyyy)

6. Can you work from home? Yes No

I certify that the statements in this form are true and complete and understand that further information may be required to validate my claim.

Name: _____ Phone #: _____ Cell #: _____

Signature: _____ Date: _____

Contract Number: _____ Member ID: _____

For more information on the novel coronavirus, go to the Public Health Agency of Canada's website at <https://www.canada.ca/en/public-health.html>



GROUP COVERAGE CHANGE FORM - COVID RELATED UPDATE

Instructions: **FORMS WITHOUT THE EFFECTIVE DATE and REASON/TERMINATION WILL NOT BE PROCESSED**

1. This form **MUST** be completed electronically. Handwritten forms will not be processed.
2. Employer to forward original to Benefit Administration Office and keep second copy

EFFECTIVE DATE OF CHANGE **MUST BE PROVIDED** Month: _____ Day: _____ Year: _____

1. Policyholder Section - To be completed by **Benefit Representative**. Select the appropriate change.

REASON: **LAID OFF OR REDUCED HOURS DUE TO COVID-19 PANDEMIC**

Benefit Class Change: _____

Employer(ER): _____

Name: _____
(Unit#, Street Address, City, Prov., Postal Code)

Employee ID

Number: _____

Mailing address: _____

Email Address: _____

a. Leaving or Returning: Temporary laid-off due to COVID-19

Income earned/paid within the calendar month of change: \$ _____

(this only applies to those whose pension contribution needs to be adjusted to accurately reflect earned income for the calendar month that they are actively at work) If the notice is not provided within 7 calendar days, Canada Life may inadvertently over-pay the terminated employee - in this case, the Employee will be financially responsible for the over-payment amount, if the employee does not reimburse Canada Life)

2. Reinstatement - To be completed by **Benefit Representative**. An employee returning to work within 4 months of coverage ending due to termination of employment will be eligible for coverage on the date of return to work.

➤ Plan member returned to work on: _____

➤ Reason for reinstatement: ☐ return from temporary lay-off ☐ hours worked per week increased to min. 20 hr work-week

3. Authorizations and Declarations - I hereby apply for coverage under the group benefits plan issued by Canada Life. I authorize:

- My employer to deduct from my pay and remit to Canada Life the plan member contributions required under the plan, if applicable.
- **I am responsible to pay back any overpayment made on my Group Benefits and Pension, if applicable.**
- Canada Life to use my Social Insurance Number for tax reporting purposes and as an identification number where it is required in the administration of the plan;
- Canada Life, any healthcare provider, my Benefit Representative at the local level, the Benefit Administration Office, other insurance/reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan.

If applying for coverage for my spouse and/or dependents, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

Employ~~EE~~ signature: _____

Date: _____

Employ~~ER~~ signature: _____

Date: _____