

Welcome to another edition of GIDIP Disa-Bulletin.
We'd like to take this opportunity to remind you of the steps in the claim process.

APPLYING FOR GIDIP

To expedite the assessment of your GIDIP claim, please send your completed GIDIP Claim Application forms to Canadian Benefits, who are our Plan Administrators via e-mail at GIDIP@canben.com.

You would normally be contacted by your Plan Administrator within 7 business days after you submit your claim forms. If you have not been contacted, please contact them at the coordinates listed below.

Complete documentation required for processing comprises three claim statements:

- 1) Plan Sponsor Statement completed by Air Canada
- 2) Member Statement
- 3) Attending Physician Statement

Once a complete claim package is received, your claim can be assessed for approval.

Member Statement

- must be completed in 3 months from the waiting period.
- Ensure that your correct **Employee/ Cert #** is provided along with date of birth. Your Employee # appears on your pay statement.
- Provide current contact information.
- Please ensure that Section 6) **Certification**, is signed. Your signature legally confirms that the information provided is correct and authorizes the insurer to access medical information.
- **Pg. 5. Authorization & Direction** must be completed along with the current direct deposit information. Without **authorized direct deposit** information, payment cannot be made.

Attending Physician Statement

- Please sign and date the Patient Authorization, and have this form completed by your Physician.

PREGNANCY CLAIMS

Pregnancy in and of itself is not a medical disability. Modified duties are available with the employer for your during pregnancy. Please inquire if you can be accommodated.

Plan Administrator: Canadian Benefits Consulting Group
Telephone: 416-488-7755; Toll Free: 1-800-268-0285
Fax: 416-488-7774 Email: GIDIP@canben.com

WORKERS COMPENSATION CLAIMS & GIDIP

Effective January 1, 2023, the GIDIP disability plan provides 24-hour coverage. If you have a work-related claim:

- You must apply for WCB benefits.
- If your WCB claim is declined, you must submit an appeal. Please contact your local Health and Safety representative and/or District Chair without delay.
 - At this point, you may submit a GIDIP Claim Application along with the WCB declination letter and your appeal documents.
 - STDI benefits can be considered and if approved, paid to the STDI maximum benefit period of 26 weeks.
 - The Reimbursement Agreement is required before benefits are issued.
- If you continue to be Totally Disabled during and after the EI period, STDII benefits will be considered if:
 - you submit a completed STDII (LTD) Claim Application, and
 - you provide copies of all **three declined** appeals.

BENEFITS FRAUD

If you suspect benefit fraud, please fill out form in the link provided with the Insurer: manulife.ca/shareandprotect

In Solidarity,
YOUR GIDIP BOARD OF TRUSTEES
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