



Appeal Guidelines

1. A claimant whose claim for LTD benefits has been denied, or terminated, on the basis that the claimant does not meet the definition of disability will be advised of the right to appeal and the appeal process, including the right to a copy of the documentation upon which the decision is based.
2. An appeal must:
 - (a) be submitted, within 30 calendar days of the decision date (i.e. denial or termination letter),
 - (b) be in writing to the Board of Trustees care of the Claims Administrator,
 - (c) set out specific grounds (reason) for the appeal,
 - (d) be prepared to proceed to an Appeal Hearing, should that be necessary, within six (6) months of the original decision date.
3. The Claimant may:
 - (a) make a maximum of two (2) submissions of new information (such as medical reports, job information, etc.), intended to support their appeal, to the Claims Administrator, prior to requesting that an Appeal Board be established, or,
 - (b) waive the submission(s) of new information and request that an Appeal Board be established.
4. The Claims Administrator shall review the information received and provide a written response. If the response is negative, the claimant must within fifteen (15) calendar days:
 - (a) advise that further information will be submitted (first submission only), or,
 - (b) request an Appeal Hearing.

A request for an Appeal Hearing must be made to the Chief Executive Officer, LTD Plan Office.

Appeal Guidelines (Continued)

5. Upon receipt of a request for a hearing, the Chief Executive Officer may review the issue in dispute and may ask the Claims Administrator to review its decision.
6. If the Chief Executive Officer does not initiate a request for further review, or upon further review the decision remains unchanged, the Chief Executive Officer will schedule an Appeal Hearing.
7. The Chief Executive Officer in consultation with the Claimant and the Appeal Board will determine the date, time, and location for the Appeal Hearing.
8. The Appeal Board may consist of one or more qualified medical doctors as determined by the Board of Trustees.
9. The parties before the Appeal Board are the Claimant and the Board of Trustees (represented by the Chief Executive Officer and the Claims Administrator).
10.
 - (a) The Claimant shall be notified of the date, time, and location of the Appeal Hearing, by certified mail, no later than fourteen (14) calendar days prior to the hearing date.
 - (b) The Employer shall be advised of the hearing date.
11.
 - (a) The Chief Executive Officer shall request the Claims Administrator to assemble and forward all information in respect to the appeal to the LTD Plan Office.
 - (b) The Chief Executive Officer shall forward the assembled information to the Claimant or their authorized representative and the Appeal Board at least fourteen (14) calendar days prior to the date of the hearing.
 - (c) The appointment of an authorized representative and/or authorization to release information to an authorized representative must be in writing. The appended Authorization of Representative and Release of File Information form is to be used for this purpose.
12. The Claimant, or their representative may present evidence in support of their appeal that:
 - (a) has been submitted to the Claims Administrator, and
 - (b) has regard to the Claimant's disability as of the date of the decision being appealed.

Appeal Guidelines (Continued)

13. The Appeal Board may request the presence of any persons as may be determined by it to have evidence relevant to the issues in dispute in the appeal.
14. (a) The Appeal Board shall render a written decision, with a copy to the Chief Executive Officer and the Claims Administrator, within fifteen (15) business days after the Appeal Board has heard or received all evidence.

(b) The Employer shall be advised of the outcome, without disclosing confidential information.
15. The Appeal Board is required to give reasons for its decision.
16. If prescribed time frames are not met at any time during the review and appeal process, the Chief Executive Officer may close the appeal or grant extensions, as they may deem appropriate.
17. The Appeal Board's decision is final and binding, and not open to judicial review.
18. In all circumstances, the LTD Plan Office will be responsible for its cost, including, but not limited to the Claims Administrator and Appeal Board costs.

Costs incurred by the Claimant on account of legal counsel, medical expert testimony, or other professional services are the responsibility of the Claimant, and are not paid or reimbursed under any circumstances.

If the appeal is successful, the Claimant shall be reimbursed for reasonable personal expenses incurred in traveling to the hearing and for reasonable costs of acquiring the medical reports/evidence submitted.

Approved at Board Meeting on November 6, 2018