

Welcome to another edition of GIDIP Disa-Bulletin.

In this issue, your GIDIP Board of Trustees' focus is to highlight the three steps primarily required in the GIDIP Process.

SUBMISSION OF YOUR GIDIP CLAIM APPLICATION OR UPDATED MEDICAL

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 the first 7 days – if for any reason you have not been contacted, please contact them at the coordinates listed below.

Complete documentation is required for processing by the Plan Administrator, and 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 will begin assessment by Your Case Manager.

*Over the last while, the Plan Administrator has experienced a number of delays in receiving Plan Sponsor Statements from the Employer. This can, and many times does, cause your claim to be delayed.

MEMBER REQUIRED GIDIP CLAIM FORMS

When submitting your GIDIP claim, please ensure all claim forms are completed. The two GIDIP claims forms required to be completed by you, the Member include:

- 1) The Member Statement and,
- 2) The Attending Physician Statement.

Member Statement

- Ensure that your correct **Employee #** is provided along with date of birth. Your Employee # appears on your pay statement.
- Provide current contact information:
 - **Telephone Number(s)**
 - **Mailing Address**
 - **E-mail address**
- As part of the insurance contract, all other income or benefits are required to be reported.
- Please ensure that Section 6) **Certification**, is signed. Your signature confirms that the information provided is correct, and authorizes the insurer to access medical information, and is required to process your claim.
- **Pg. 5. Authorization & Direction** must be completed along with the current direct deposit information. Without **authorized direct deposit** information, payment cannot be made to you.

Attending Physician Statement

- Please sign and date the Patient Authorization.
- **Section A) History**, is for your treatment provider to include all dates of treatment and follow-ups related to your work absence and condition.
- **Section B) Diagnosis**, provides details of the disabling condition, including complications, symptoms, and severity. To help with the assessment, Section B) part (d) requests copies of clinical notes, assessments, and investigative results. As GIDIP is a medically supported income replacement benefit, medical evidence is required to support your claim.
- **Section 3) Treatment**, is necessary to understand your current treatment, your response, and next steps in treatment. Members must be under ongoing appropriate care and treatment for benefits to continue.
- **Section 4-6)**, your treating physician will describe how the disabling condition impacts your ability to function. Your Case Manager assesses your claim based on the medical information provided, and how your disability affects your ability to perform the duties of your Own Occupation, per the definition of disability outlined in the group policy 71405.
- **Section 7)** The Attending Physician who completes the information in the Statement must sign and date it when complete.

Delayed claims and member frustration generally are caused by incomplete forms. Paying special attention to the above will minimize the delays in the processing of your claim.

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