A MEMBER'S GUIDE TO

LONG-TERM DISABILITY

TEACHER MEMBERS

2026

SEPTEMBER

ETFO FEEO

Elementary Teachers' Federation of Ontario

The Elementary Teachers' Federation of Ontario (ETFO) is the union representing 84,000 elementary public school teachers, occasional teachers, and education professionals across the province of Ontario.

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Elementary Teachers' Federation of Ontario Equity Statement

It is the goal of the Elementary Teachers' Federation of Ontario to work with others to create schools, communities, and a society free from all forms of individual and systemic discrimination. To further this goal, ETFO defines equity as fairness achieved through proactive measures, which results in equality, promotes diversity, and fosters respect and dignity for all.

ETFO's Equity Initiatives

ETFO is a union committed to social justice, equity, and inclusion. The Federation's commitment to these principles is reflected in the initiatives it has established as organizational priorities, such as: ETFO's multi-year strategy on anti-Black racism; two-spirit, lesbian, gay, bisexual, transgender, queer, and questioning education; and addressing First Nations, Métis, and Inuit issues. ETFO establishes its understanding of these issues within an anti-oppressive framework. The Federation ensures its work incorporates the voices and experiences of marginalized communities, addresses individual and systemic inequities, and supports ETFO members as they strive for equity and social justice in their professional and personal lives. Using the anti-oppressive framework is one of the ways that ETFO is operationalizing its Equity Statement.

Definition of an Anti-Oppressive Framework

An anti-oppressive framework is the method and process in which we understand how systems of oppression such as colonialism, racism, sexism, homophobia, transphobia, classism, and ableism can result in individual discriminatory actions and structural/systemic inequalities for certain groups in society. Anti-oppressive practices and goals seek to recognize and dismantle such discriminatory actions and power imbalances. Anti-oppressive practices and this framework should seek to guide the Federation's work with an aim to identify strategies and solutions to deconstruct power and privilege in order to mitigate and address the systemic inequalities that often operate simultaneously and unconsciously at the individual, group, and institutional or union level.

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Introduction to Long-Term Disability

This guide provides a general overview of the provincial long-term disability (LTD) plan features, the provisions of the plan, early intervention assistance, the claim application process, appeal process for denied or terminated claims, sources of financial assistance, return to work, and the assistance that ETFO can provide to members when their long-term disability appeal is denied.

The ETFO provincial long-term disability plan came into effect on November 1, 2013. It is administered by the Ontario Teachers' Insurance Plan (OTIP). Each year the plan is reviewed by ETFO and the insurer to determine plan efficacy and any required rate changes. As of March 1, 2018, the plan is common to all members of the teaching affiliates in Ontario including ETFO, the Ontario Elementary Catholic Teachers' Association, the Ontario Secondary School Teachers' Federation, and the Association des enseignantes et des enseignants franco-ontariens.

Participation in the plan is mandatory for all active full- or part-time teacher local members and requires payment of long-term disability premiums by all covered members. ETFO members who have LTD coverage must continue to pay their premiums while on most leaves of absence. Members should contact their local ETFO office for advice prior to taking a leave of absence to ensure that LTD coverage and contributions are maintained. The earliest a member can terminate their coverage and stop paying contributions is at the end of the month in which they turn age 65 or when they are eligible for a 60 per cent unreduced service pension.

Entitlements to benefits are based on the language in the long-term disability plan. The plan outlines the conditions members must meet to be approved for benefits and/or to maintain a claim.

OTIP Long-Term Disability Plan Features – Teacher Members

The information in the chart below is excerpted from the OTIP LTD plan and is current as of January 1, 2026.

Benefit Level	50% of monthly gross earnings
Benefit Tax Status	Non-taxable
Employment Waiting Period	Nil
Enrolment Requirements	Mandatory plan; 100% of eligible members must participate in this plan.
Reduction to Member Benefit	The member benefit, together with other integrated income sources, cannot exceed 100% of the covered member's indexed pre-disability take-home pay. The member benefit will be further reduced if it exceeds a benefit based on a maximum annual salary of $150,000.
Qualifying Period	1. Benefits are payable for each period of disability after a qualifying period of the later of 110 working days or expiration of sick leave and in no event more than 24 months. 2. Where a covered member is released from duties for a period equal to half-time or greater in order to perform services for the local association or federation, the covered member will have the option of reducing the qualifying period to 20 working days. OTIP must be provided with confirmation of such covered member's release from duties at the time of claim.
Initial Assessment Period	The qualifying period plus the next 24 months of disability.
Cost of Living Adjustment (COLA)	On January 1 immediately following the covered member's initial assessment period and on each January 1 thereafter, the member benefit, including any prior cost-of-living adjustments, will be increased by the lesser of 2% or the actual increase in the Consumer Price Index for the period from October 1 to September 30 of the prior year, as determined by Statistics Canada.

Termination / Maximum Benefit Period	Long-term disability coverage and/or benefits will not continue beyond the earliest of the following dates: 1. The end of the month in which the covered member attains age 65; 2. The date the covered member is first entitled to at least a 60% unreduced service pension from OTPP; 3. The date the covered member would have first been entitled to at least a 60% unreduced service pension from OTPP or OMERS, had they not taken a present or commuted value pension from OTPP; or 4. The date the covered member would have first been entitled to at least a 60% unreduced service pension from OTPP had they not taken early retirement or an OTPP disability pension.
Mandatory Early Intervention	The OTIP early intervention program provides confidential support and services to covered members to help facilitate recovery in the early stages of a medically related absence from work prior to the benefit period. The appropriateness of services will be assessed by OTIP and if medically supported, may be funded. OTIP must be notified of any prolonged absence by the participating sponsor and upon the approval of the covered member, an OTIP representative will contact the covered member. A prolonged absence is any absence of 15 or more consecutive working days.

Please Note: Members who were disabled prior to January 1, 2026, will continue coverage under the long-term disability plan in place on their date of disability.

Prolonged Absence Due to Illness

During the qualifying period, a member may access paid sick leave (at 100 per cent of salary), the short-term leave and disability plan (at 90 per cent of salary), and/or Employment Insurance sickness benefits. The qualifying period is a set number of days outlined in the LTD plan that is used by the insurer to determine whether a member is eligible to receive LTD benefits.

Long-term disability benefits will not be approved unless the LTD carrier accepts that total disability persisted continuously from the date of disability through the qualifying period and beyond.

Pursuing reasonable and customary treatment on a regular basis from the date of disability through the waiting period and beyond is critical for a successful claim.

Mandatory Early Intervention

Members can access OTIP's early intervention assistance when they have been off work due to a prolonged illness. Early intervention is a confidential service provided by OTIP that is designed to assist members in returning to work earlier, thereby shortening or preventing a long-term disability claim. It is a service offered to members who have been absent from work due to illness for 15 consecutive working days or longer. An OTIP early intervention rehabilitation counsellor will contact members to offer early intervention assistance according to the member's specific circumstances. **Local leaders will reach out to members in advance of the OTIP early intervention rehabilitation counsellor's offer of assistance.**

OTIP's early intervention service can assist members if they are encountering barriers to accessing medical treatment. This can include assisting with referrals for diagnostic imaging (MRI, CT, EMG), assistance with referrals for mental health treatment, and reducing geographical barriers for members who live in areas where timely medical treatment is challenging to obtain. Remember, when filing an LTD claim it is important that a member has sought reasonable and customary medical treatment. If a member is encountering barriers to accessing treatment, contact OTIP's early intervention team for assistance.

Medical Accommodation Prior to Long-Term Disability

The long-term disability insurer will expect that members have explored all options for medical accommodation in the workplace prior to applying for LTD. Members wishing to discuss a possible medical accommodation should first contact their ETFO local or call the provincial office and ask to speak to the on-call Professional Relations Services staff at 416-962-3836 or 1-888-838-3836. If, after a medical accommodation has been implemented in the workplace, a member is unable to perform the significant duties of their specific assignment, the next step would be to apply for long-term disability. Bear in mind that LTD approval is dependent upon the inability to perform a 60 per cent schedule. Therefore, if a member is working a reduced timetable of 0.6 full-time equivalent or more as part of a medical accommodation, they will not meet the OTIP definition of disability and the waiting period most likely will not apply.

Timing of Application and Benefits

There is a time limit for completing an application for benefits. Members must meet this deadline even if they are involved in other processes such as an approved Workplace Safety and Insurance Board (WSIB) claim, working in an accommodated partial assignment, seeking other medical accommodations, or pursuing grievance arbitration.

Long-term disability plans have a waiting period, or qualifying period, between the start of the disability and the start of benefit payments. The waiting period begins on the date a member stops working and continues until the later of 110 working days or the expiration of sick leave (11 days) and the short-term leave and disability plan (120 days). The OTIP long-term disability plan requires members to submit a claim within six months of the date of disability, or no later than six months after the end of the waiting period.

In specific claim circumstances where a WSIB claim has been established, the absolute deadline for submitting a claim is 24 months after the date of the workplace accident. OTIP is not liable for a claim that is not initiated within this time frame.

It is best to apply 12 weeks before the end of the qualifying period to reduce the possibility of being without income while awaiting a decision from OTIP.

The Long-term Disability Claim Process

Filing a Long-term Disability Claim

The decision to apply for long-term disability benefits should be made in consultation with health care practitioners, who have the best understanding of the medical condition, its implications, and whether it is a disabling condition.

There are three parts to the package that must be completed and returned to the insurer:

1. Member Statement

This is usually available through ETFO local offices. This statement provides general information to the insurer (for example, specific assignment, diagnosis, and treatment plans). It also provides the opportunity to describe how the condition prevents the member from being able to perform the significant duties of a specific assignment. A number of consents are also included for completion.

It is important that the information provided is accurate and consistent with the information on the Attending Physician's Statement(s) of Disability.

2. Attending Physician's Statement of Disability

There are two statements of disability included in the claims kit: the Attending Physician's Statement of Disability – Physical Health Condition and the Attending Physician's Statement of Disability – Mental Health Condition. If the disabling condition is physical in nature but there is also a disabling mental condition involved, the physician must complete both statements. The insurer will assess the member's medical condition as a whole, so it is important that the physician reports all disabling conditions.

It is very helpful if copies of the Attending Physician's Statement of Disability are completed by medical specialists (such as a psychiatrist, neurologist, or oncologist), as well as the medical general practitioner. The more detailed medical information is, the easier it will be for the insurance carrier to adjudicate in a timely, well-informed manner.

3. Plan Administrator's Statement

This statement is to be completed by the long-term disability plan administrator. In most cases, this is either the district school board or the ETFO local.

What Does "Total Disability" Mean?

Normally, a member is only entitled to long-term disability benefits if they have sufficient proof that they are experiencing "total disability." This means that the medical records must support that a member is unable to perform the significant or primary tasks of their job, (often referred to as the "own occupation" phase). LTD plans generally have two definitions of disability. Under the LTD plan for teachers, disability/disabled/disabling means that:

1. During the initial assessment period, the covered member is disabled if, because of illness or injury, they are unable to perform the significant duties pertaining to their specific assignment.
2. After the initial assessment period, the covered member is disabled if, because of illness or injury, they are unable to be gainfully employed.

LTD benefits are payable during the initial assessment period if a member is unable to perform a 60 per cent schedule of the significant duties pertaining to their specific assignment (i.e., their "own occupation"). When members reduce their working hours to a half-time or a 50 per cent schedule, it is important to recognize that there is a very small margin of difference between a 50 per cent and a 60 per cent schedule; this is typically only 35-40 minutes per day. The LTD insurer often questions why a member who can demonstrate the ability to work a 50 per cent schedule is not medically able to work an additional 35-40 minutes per day to increase to a 60 per cent schedule.

After the initial assessment period ("own occupation" phase), the covered member may only continue to receive benefits if they are prevented from being gainfully employed in **any occupation** due to disability. It is more difficult to prove this definition of disability under the LTD plan.

If, at the two-year point in an LTD claim, a member and their physician(s) state that the member is not well enough to return to their specific assignment, they may be declined further LTD benefits because the insurer has determined that they are well enough to perform work in another occupation (i.e., be "gainfully employed").

Gainful employment/Gainfully employed means work:

- the covered member is medically able to perform
- for which they have at least the minimum qualifications
- that provides income of at least 60 per cent of the covered teacher member's inflation-indexed, pre-disability monthly earnings
- that exists either in the province or territory where the covered member worked when the disability started or where the covered member currently lives

Member Interview

The insurer will conduct a member interview shortly after the long-term disability application documents have been received. A disability analyst (DA) will contact members to ask a number of questions to obtain more information about the illness, the treatment plan(s), functional restrictions and limitations including impacts on daily activities, a description of specific assignment and duties, and other pertinent information. This interview, which typically lasts from 60 to 90 minutes is required to fully assess the claim for long-term disability benefits, provides members with an opportunity to provide more information not captured in the forms and helps the insurer understand their specific circumstances.

To help alleviate any anxiety surrounding the interview, members can ask the DA to schedule the meeting at a mutually convenient time. If a 60–90-minute interview is overwhelming, it can usually be divided into two sessions. Members experiencing any cognitive symptoms may wish to have a trusted support person present during the interview for assistance.

Many members feel anxious about the interview, but there are ways to prepare. Keeping a log of daily activities, including information about the nature and duration of symptoms, medications (including the dose and frequency), and the impact that any activity or medication has on a member's symptoms might be helpful for reference during the interview. Some topics that may be discussed include:

Treatment and investigations

Information concerning any prescribed medications (including dosage and frequency), benefits or side effects from medication(s), any plans to trial different medications, or other pain management options. Other types of treatment, including the nature and frequency of appointments with all treatment practitioners and any upcoming appointments for tests, imaging, specialists, or surgeries.

Functional status

Information concerning a member's ability to manage activities of daily living such as personal care, household chores, and errands. What does a good day look like versus a bad day? It is helpful if a member can contrast how their functional abilities have changed on a good or bad day compared to their function prior to the onset of the disabling condition.

Specific assignment

Information concerning the medical barriers causing a member's inability to work. How do the disabling condition(s) and symptoms prevent a member from performing their work duties? To meet the definition of disability under the LTD plan, OTIP must be satisfied that a member is unable to perform the significant duties of their specific assignment due to their disabling condition(s). This is interpreted to mean the inability to perform a 60 per cent schedule. How do the disabling condition(s) and symptoms prevent a member from performing 60 per cent of their schedule?

Medical Treatment and Medical Proof of Disability

For most long-term disability applications, medical evidence is the key to a successful claim. The member is responsible for providing this information to the insurer, which means the member must seek reasonable and customary medical treatment from the date of disability, through the qualifying period and beyond.

Medical evidence from a family physician is usually not sufficient on its own to qualify for LTD benefits. There must be evidence from both the family physician and the treating specialist that the medical condition is totally disabling. It can also be problematic if treating physicians disagree about the diagnosis or if a diagnosis is undetermined.

After a physician completes the Attending Physician's Statement of Disability, they are often asked to provide clinical chart records or to prepare a medical report. It becomes quite problematic when treating practitioners decline to submit their clinical notes to the insurer. Clinical notes are extremely important in the assessment of a claim, especially those from registered psychologists and/or psychiatrists. Members need to be aware that anything discussed with a doctor may be recorded in the clinical notes and will form part of the insurer's assessment.

The family physician's medical evidence is an important element in the claim, but the insurer relies most heavily on the opinion of specialists in assessing total disability. It is crucial that a specialist's assessment be obtained as soon as possible. Specialist opinions are only persuasive when they relate to a health condition within the physician's field of expertise. For example, a psychologist's opinion on a torn meniscus in a knee joint will be of limited use. Members should discuss referrals to a specialist with their general physician if their recovery is prolonged or their condition is worsening, as it often takes time to obtain an appointment with a specialist after a referral has been made.

The insurer looks for objective medical evidence in assessing the merits of a claim. Objective evidence includes, test results, medications, X-rays, CT scans, MRIs, etc., which may help illustrate the severity of the disability. The insurer often resists accepting claims based on subjective complaints (i.e., self-reported symptoms) when there is no objective evidence verifying a basis for disability.

The more objective and professional a physician appears in their correspondence, the more credible and reliable the insurer or an adjudicator is likely to perceive their medical opinion to be. For this reason, a physician should not act as an advocate in the claim but simply provide clear, objective medical restrictions and limitations and documented continuity of reported subjective medical symptoms. It is not helpful when a physician's advocacy is blatant without supportive medical evidence.

Reasonable and Customary Treatment

To be eligible for long-term disability benefits, the member must be receiving reasonable and customary treatment on a regular basis for the disabling condition. Reasonable and customary treatment is systematic treatment that is performed or prescribed by a licensed doctor of medicine and is of the nature and frequency usually required for the condition.

The insurer will expect care and treatment with a recognized specialist who has expertise in the area of illness. For example, they will expect medical evidence from:

- an oncologist if the condition is cancer-related
- an orthopedic surgeon if there are broken bones or spinal problems
- a neurologist/physiatrist/enrolment in an acquired brain injury program if the diagnosis is concussion/post-concussion syndrome
- a psychiatrist or registered psychologist if there is a mental health condition

When treating a mental health condition, therapy with a psychotherapist, social worker, therapist, or spiritual counsellor may be helpful, but is not enough to qualify for payment of benefits under the long-term disability plan. In addition to medications and therapy with a psychotherapist, the insurer would expect a diagnostic assessment from a psychiatrist or a registered psychologist.

It is also expected that all treatment be regular, ongoing, and continuous from the last day of work through the waiting period and into the benefit period. Compliance with the treatment recommendations made by each of the treating health care providers – including medications, surgery, physiotherapy, and occupational therapy – is required. **Not following treatment recommendations (such as declining the use of medications) often results in claim denial by the insurer**. Members should speak with physicians about any potential side effects from medication and how to manage them.

Members who are applying for long-term disability benefits should report the same information to all their health practitioners and their physicians should provide objective medical documentation to the insurer to enable a fair assessment of the claim.

Surveillance

The insurer may conduct surveillance as part of its assessment of a claim for long-term disability benefits. The surveillance may be used to assess functional abilities and the veracity of the symptoms that have been reported to physicians. Members should be mindful of their social media presence.

Duration of Benefits

If total disability continues to be proved and members are compliant with their obligations under the long-term disability plan, benefits should continue to be paid. At the 16-month point, OTIP conducts a review of the medical evidence in a claim to determine whether, at the two-year point, the member could be gainfully employed in another occupation. If so, benefits might be terminated.

For claims that are approved to continue, the plan sets out when payments will cease. Frequently, termination of benefit payments will occur on the earliest of the end of the month in which the member reaches age 65, or the date they reach a 60 per cent unreduced service pension with Ontario Teachers' Pension Plan. However, benefits can terminate at any time if the insurer determines that a member is capable of gainful employment.

Returning to Work

The Role of ETFO

The member's advocate in the return-to-work process is the ETFO local representative.

Return-to-work and medical accommodation issues associated with a long-term disability claim are supported by ETFO locals and, when necessary, in consultation with ETFO's Professional Relations Services staff. Members have a right to union representation throughout the entire RTW process and ETFO local representatives should be participating in all return-to-work plans or medical accommodation discussions. Members should always contact their local ETFO office before discussing anything related to medical matters with the district school board.

Possible Return to Work Outcomes

Every long-term disability return-to-work plan is different, and each case is based on the member's medical documentation. Members might return to:

- their prior assignment
- their prior assignment with modifications in duties or hours (accommodation)
- the same school with a different but comparable assignment on a temporary or long-term basis
- a different school with a different assignment

A physician or specialist does not have the ability to dictate a specific assignment. The workplace parties, which include the district school board, ETFO, and the member, provide input and are responsible for the return-to-work process. Members have the right to return to work at any time following a long-term disability leave if they are medically fit to work. This could include an accommodated gradual return to work or to a partial return with reduced hours.

The Duty to Accommodate

When members are returning to work, with or without the support of the insurer, it is important that the member works with their local office to negotiate a suitable RTW plan with the school board. The local ETFO office will be able to advise what the school board will need for a medical accommodation to be established; in most cases this will be objective medical restrictions and limitations documented in writing.

The Ontario *Human Rights Code* requires that employees with medical restrictions and limitations be accommodated in the workplace up to the point of "undue hardship" for the employer – even when transitioning from long-term disability benefits to salary. Undue hardship means that the employee must be accommodated unless doing so would significantly jeopardize the employer's operations. The employer's legal obligation is known as the "duty to accommodate."

However, this does not mean that members have the right to determine precisely what that accommodation will look like. It is up to the employer to design an appropriate accommodation and there may be more than one solution for doing so. Accommodations do not need to be perfect, but they must meet the test of being reasonable. Entitlements to accommodations are based on medical need, **not** worker preference. Return-to-work plans should be discussed with physician(s) and with the ETFO local office prior to communicating with the school board.

Common Myths and Misunderstandings About Long-Term Disability

Myth *"I can't apply for long-term disability until my sick leave runs out."*

This is untrue. It is important to apply for long-term disability as soon as it becomes apparent that an absence due to illness or injury will be prolonged (for example, greater than 12 weeks). Long-term disability applications can be unpredictable and/or protracted so it is prudent to begin the process as soon as possible. It is true that LTD benefits cannot begin until the end of sick leave, but the application process should most definitely be undertaken while still on sick leave.

Myth *"I don't need to apply for long-term disability; I am already on an approved WSIB claim."*

It is possible to be on Workplace Safety and Insurance Board and long-term disability concurrently. As a first payer, WSIB will provide the financial benefit, but there are additional benefits to LTD approval that may be in a member's best financial interest (for example, waived LTD plan contributions). Therefore, it is advisable to submit a long-term disability application whenever a workplace injury or illness causes a prolonged absence. Please be aware that there are deadlines associated with LTD applications. Contact your local ETFO office for support and additional information.

Myth *"My family doctor said I will qualify for long-term disability."*

Doctors are not decision-makers and comments like this can create a false sense of security. The role of the doctor is to be responsive to requests from the insurer and provide accurate, up-to-date, objective clinical charts/notes/reports. Timely, objective, detailed medical evidence is the best support your doctor can offer. In fact, subjective statements from doctors could undermine the legitimacy of their medical opinion in the eyes of the insurer.

Myth *"I've paid into long-term disability for years. Now that I am out of sick leave, I should get LTD benefits."*

This statement is not correct. The payment of long-term disability premiums is not a "savings plan" that members draw upon if they become ill. LTD benefits are designed to provide income replacement to a member who, because of illness or injury, is unable to perform the significant duties of their specific assignment. Claims are approved only when a member has provided strong medical evidence from a treating specialist and meets the disability definition.

Myth *"This person made me sick and now I can't return to work at that school."*

This is a problematic statement as it implies that a member would still be able to perform the significant duties of their specific assignment if they were at another location. The long-term disability plan definition of disability relates to the specific assignment – but it is an assignment that could be performed at any location in the school board. It is necessary that absence is directly related to personal illness to be considered for benefits.

Myth *"I don't want my psychologist to provide their clinical notes to the long-term disability insurer – it's very personal and I am a private person!"*

The insurer will request the clinical chart including clinical notes for the purpose of assessing a long-term disability application. If the clinical notes are not provided, the insurer is unable to verify the extent and severity of symptoms of the mental health condition. Not providing the clinical notes to the insurer gives them a reason to deny a claim for benefits. OTIP does not provide any medical information to the school board, beyond restrictions and limitations in the case of a rehabilitation plan.

Myth *"I'm approved for long-term disability for two years."*

There is no guarantee that long-term disability benefits will be paid for the entire initial assessment ("own occupation") period. Benefits are payable if a member continues to meet the definition of disability. If there is documented improvement in the disabling condition at any point in a claim, this could mean a gradual return-to-work plan can be established and implemented.

Tips for a Successful Claim

- Regular attendance with family physician – every three to four weeks is optimal.
- Seek assessment with appropriate specialist(s) for the disabling condition. Speak with the general physician about a referral to a specialist(s) if recovery is prolonged.
- Follow all recommended or prescribed treatments and therapies, including medications. Discuss side effects with the physician and follow their medical advice to manage them.
- Prove that it is the medical condition that is causing the inability to work, not personal stressors, difficulty in the workplace due to performance issues, or interpersonal conflicts with colleagues/administrators.
- The primary symptom of many conditions is pain. It is difficult for an insurer to objectively assess pain because pain is experienced differently by each person. It is important to explain how symptoms of pain result in functional limitations that are the cause of the inability to work.
- Report consistent information to all health practitioners.
- Understand that the long-term disability insurer does not recognize medical evidence from alternative health practitioners (e.g., osteopaths, naturopathic doctors, or vision therapy with optometrists for concussion).
- Health practitioners should be Ontario-based, and lab tests must be from Canadian labs.
- Do not undertake alternative employment while absent from specific assignment, including any type of home or online business.
- Do not travel while absent from work due to illness – even with approval from treating physicians – as this demonstrates "capacity" to the long-term disability insurer.
- Minimize or refrain from activity on social media – Facebook, X, Instagram, and others.

The Appeals Process

Appealing a Negative Decision

When a claim is denied, the insurer will send a letter explaining the reasons for the denial and outlining the appeal process.

Claims are often denied because the insurer does not feel that the medical evidence proves disability. It may be that there is no report on file from a specialist or there are no objective tests outlining the nature and severity of the illness.

Next Steps

1. Share the denial letter

Share the denial letter with your family physician and medical specialists to decide what additional information is needed to support an appeal. Members should note that OTIP may also reach out directly to some medical practitioners to obtain clinical notes or ask questions. It is imperative that all treating medical practitioners provide additional information when it is requested of them.

2. Contact the OTIP LTD claim consultant

As stated in the claim denial letter, an LTD claim consultant will be assigned to the file. Be sure to request a meeting with them to obtain their expertise when preparing the appeal. The LTD claim consultant will provide guidelines for drafting the appeal letter and make suggestions about additional medical evidence. It is important to remember that, although the LTD claim consultant's role is to assist members in appealing claim denials or terminations, any notes they take during the meeting will become part of the long-term disability claim documentation. If the disabling condition causes cognitive symptoms, ask a trusted support person to assist with note-taking and questions.

3. Be aware of all time limits

There are time limits for pursuing an appeal and initiating legal action against the insurer, which will be stated in the denial letter. An appeal to the OTIP appeals committee must be submitted within six months of the claim denial/termination and is a mandatory prerequisite before any legal proceeding is commenced against the insurer. The deadline to begin legal action is always two years from the date of the last claim decision rendered by OTIP.

Be prepared to act quickly in appealing a denial or termination of claim. Missed deadlines limit the ability to pursue your claim further. If you choose to retain your own independent legal counsel to initiate litigation after your appeal has been denied, it is important to do this well in advance of the deadline.

Tips for a Successful Appeal

- Appeal letter should be no longer than two pages.
- Focus on the illness, describing the severity of symptoms and why they prevent you from performing the significant duties of your specific assignment and daily life.
- Provide new medical reports – especially from specialists – addressing the reasons for denial in the claim denial or termination letter.
- Surveillance occurs most often during the appeal process, so be mindful of the activities you are demonstrating and ensure they are consistent with what you have reported in your appeal letter.
- Be aware that long-term disability insurers may conduct surveillance on holiday weekends and breaks, and during the summer period.
- Do not travel while absent from work due to illness – this demonstrates "capacity" to the long-term disability insurer – even if it is encouraged or approved by your treating physician.
- Minimize or refrain from all activity on social media – Facebook, X, Instagram, and others.

Provincial Assistance with Long-Term Disability Appeal Denials

Denied Appeals

If an appeal is denied, suing the long-term disability carrier may be the only recourse. ETFO provides some assistance in pursuing claims (through litigation or arbitration) after an appeal is denied. It is imperative that ETFO is contacted for this assistance long before any time limit is set to expire.

ETFO's Long-Term Disability Case Selection Review Procedures

The ETFO Executive has established guidelines for assisting members in long-term disability disputes. The provincial office may only become involved with a member's claim once all appeal avenues have been exhausted. To qualify for legal support, all cases must also meet ETFO's long-term disability case selection criteria. Legal assistance is not provided automatically.

Members can ask ETFO to conduct a review of their LTD claim to determine if the claim meets ETFO's long-term disability case selection criteria and is strong enough to win at a trial against the insurer. This claim review takes six to nine months, but it may take longer if there are extenuating circumstances. During this review period, ETFO will obtain a copy of the claim file from the insurer, may write to the member's physicians and health care practitioners to obtain copies of the member's clinical charts, review the claim file and the requested additional clinical charts, and identify if additional support is needed to attempt to successfully challenge the insurer's decision to deny or terminate a member's claim.

Although ETFO strives to complete these steps as quickly as possible, receiving medical documentation from health practitioners and records from hospitals often takes many months, which is beyond ETFO's control.

If ETFO agrees to extend legal support, a member will be asked to execute a Joint Retainer Agreement for litigation or a Legal Services Agreement for arbitration, which will set out the terms of the legal services. Included in the Joint Retainer Agreement or Legal Services Agreement will be a clause stating the member agrees that, in the event ETFO and our legal counsel negotiate a lump-sum settlement to resolve the litigation or arbitration, the member will contribute to ETFO the lesser of five per cent of the negotiated lump-sum settlement amount or $5,000.

ETFO's Long-Term Disability Procedures

1. To qualify for support, all cases must meet the case selection criteria for long-term disability assistance. Legal assistance will not be provided automatically.
2. Upon receipt of the long-term disability claim file, it will be reviewed to determine the issues in dispute and whether additional information is needed to support the claim.
3. If additional medical information is needed to support the file, ETFO staff will attempt to obtain this information. The medical documentation must objectively support the definition of disability in the long-term disability plan.
4. The member will be contacted to review the issues in dispute and discuss possible next steps.
5. At their discretion, ETFO staff may seek a legal opinion as to the merits of the file for proceeding to arbitration or litigation with the insurance carrier.
6. Medical evidence in a long-term disability file must be sufficiently strong to consider proceeding to arbitration or litigation.
7. ETFO staff will determine whether to advance a claim to arbitration or litigation with the insurance carrier or whether to extend legal support in some other limited way.
8. If ETFO staff agrees to extend legal support, the member will be asked to execute a Joint Retainer Agreement, which will set out the extent of the legal services ETFO is supporting. Included in the retainer will be a clause stating the member agrees that, in the event of a lump-sum settlement, the member will contribute to ETFO the lesser of five per cent of the negotiated lump-sum settlement amount or $5,000.
9. Return-to-work and medical accommodation issues will be dealt with by ETFO locals and, where necessary, in consultation with ETFO Professional Relations Services staff.

Long-Term Disability Case Selection Criteria

ETFO **will not** provide representation to members in the following long-term disability circumstances:

1. If the member has retired or resigned from employment with the school board, and the provincial office was not involved in the member's claim prior to the retirement/ resignation date.
2. If the time for initiating legal action against an insurer has expired or there is insufficient time to review a claim prior to the expiration of a time limit.
3. If the member has retained their own legal counsel.
4. If, in ETFO's opinion, the claim is not sufficiently strong to succeed in litigation against the insurer (i.e., case insufficiently supported by medical documentation and/or no ability to obtain any additional supportive medical evidence).

Financial Assistance

If a member is without any income because benefits have not yet commenced or their long-term disability claim is denied, they may seek financial aid through one or more of the following agencies or government programs. There may be other resources for financial aid within individual communities, which should be investigated as well.

Employment Insurance Sickness Benefits

These benefits are available to some ETFO members from the federal government. Qualifying members may be paid for a maximum of 26 weeks after a one-week waiting period. Please note, if a member qualifies for long-term disability retroactively, they will need to make the appropriate arrangements to pay back the EI sickness benefits.

There is an application process that requires the record of employment from the school board along with a medical certificate signed by the member's physician confirming they are medically unable to work. The record of employment is completed by the employer after the member's last day of paid work and after the exhaustion of any sick leave. For more information, please see ETFO's ***A Member's Guide to EI*** which is available on the **ETFO website**.

Ontario Disability Support Program (ODSP)

This form of social assistance from the Ontario government includes financial assistance for persons with a disability, accommodation resources, basic living expenses, prescription drugs, and basic dental care. There are eligibility criteria for this assistance. For more information about the Ontario Disability Support Program, visit the **ODSP** website.

Canada Pension Plan Disability Benefits

This benefit is provided by the federal government for individuals who have made sufficient contributions to the Canada Pension Plan and are unable to work due to a severe and prolonged illness. It often takes three to six months for a decision from Service Canada on an application.

If a long-term disability approved, the insurer may require a member to apply for CPP disability benefits. Members are obligated to comply with this request. If the CPP disability application is approved, long-term disability benefits will often be reduced by the amount of CPP benefit that is received. Canada Pension Plan disability benefits are taxable and must be reported on your income tax return.

Be aware that when you are unable to work due to disability and are receiving long-term disability benefits, you are considered a non-contributor to the Canada Pension Plan for the duration of your period of disability. When CPP calculates your pension at age 65, the amount of pension available to you will be lower, as you were not contributing during the long-term disability claim period. However, if Canada Pension Plan disability benefits are approved, this will not be the case.

More information about Canada Pension Plan disability benefits can be found on the **Government of Canada website**.

If you are approved for Canadian Pension Plan disability benefits, you should also apply for the Canada Revenue Agency disability tax credit. This may help reduce any tax payable. For more information, visit the **disability tax credit** website.

Ontario Teachers' Pension Plan Disability Pension

Members of the Ontario Teachers' Pension Plan (OTPP) may apply for a full or partial disability pension if they are unable to work due to a disability or illness. Accessing the OTPP disability pension should be **absolute last resort** since doing so has serious implications for long-term pension status and employment status with the school board. More information about this is available via the Ontario Teachers' Pension Plan at **otpp.com**.

Additional Considerations

Workplace Safety and Insurance Board and Long-Term Disability

In the event of a workplace accident a member may file a Workplace Safety and Insurance Board (WSIB) claim. If it is anticipated that a member is going to be away from work for a prolonged period because of the work-related injury, an application for long-term disability should also be made as soon as the need for a prolonged absence is medically determined.

Workplace Safety and Insurance Board and long-term disability claims can run concurrently, with the WSIB as the first payer. If the WSIB claim is terminated and the LTD claim remains approved, long-term disability benefits may apply (if the definition of disability is still met) so a member is not without income. Contact ETFO Professional Relations Services staff at the provincial office for more information.

Long-term Disability Contributions While on Leave

When a member is on an approved long-term disability claim, they are not required to pay any LTD plan contributions.

However, long-term disability coverage is mandatory for members on most other types of leaves of absence. In other words, **you cannot opt out of the plan while you are on a leave of absence, and you must continue to pay long-term disability contributions to maintain your coverage**.

The LTD contract limits continued participation during a leave of absence to a maximum of 24 consecutive months of leave or the leave period defined in the local collective agreement.

More information about leaves of absence and how they relate to participation in the LTD plan is available on the **ETFO website**.

Terminating Long-Term Disability Coverage

LTD contributions are mandatory; however, teacher members can cancel their coverage and stop paying contributions under the following circumstances:

- The end of the month in which a member turns 65 **or** the member will reach the end of the month in which they turn age 65 within the later of the next 110 working days or expiration of sick leave, and in no event more than 24 months.
- The member is eligible for a 60% unreduced service pension **or** are eligible for a 60% unreduced service pension within the later of the next 110 working days or expiration of sick leave, and in no event more than 24 months.

Note that a 60 per cent unreduced **service** pension is different from an unreduced pension (the "85-factor"). To qualify for a 60 per cent unreduced service pension, a member must have 30 years of **credited** service **and** meet the criteria above. Members can contact the Ontario Teachers' Pension Plan (OTPP) to determine the date they would be eligible for a 60 per cent unreduced service pension. Members who are eligible to terminate their coverage and stop paying LTD contributions will be required to complete a form and provide supporting documentation to OTIP. Members can contact their ETFO local office to obtain the necessary form.

Pregnancy and Long-term Disability

If a member becomes pregnant while receiving long-term disability benefits, the benefits should not be affected. However, it is always best to keep the insurer informed of a change in circumstances and any complications to the disabling condition resulting from the pregnancy.

Pregnancy/Parental Leave and Long-term Disability Benefits

If a member is on a pregnancy or parental leave when they develop a disabling illness, they should file a claim immediately to start the waiting period. For teachers, the waiting period will be 110 working days, as sick leave and short-term disability leave days are not available.

Paying long-term disability benefits contributions while on pregnancy/parental leave will ensure that members are eligible to make a claim for a disabling condition that develops during a pregnancy/parental leave. Please be aware that members are not eligible for payment of long-term disability benefits until the scheduled end date of the leave of absence.

ETFO Fees

Membership fees for members on approved long-term disability leaves are waived.

Ontario College of Teachers Fees

A member on long-term disability benefits is not required to pay the annual Ontario College of Teachers fee; however, non-payment of the annual fee results in suspension of membership. When the member is medically able to return to work, they will be required to pay a reinstatement fee **plus** the annual fee before being able to return to work. Members will also be required to complete all mandatory training as required by the OCT prior to reinstatement.

ETFO Employee Life and Health Trust Extended Health Care Benefits

ETFO members who are in the ETFO Employee Life and Health Trust (ELHT) benefits plan on the date that the long-term disability benefit commences continue to have ELHT benefits at the same level of coverage. Members cannot make any changes to their coverage during a long-term disability benefits claim. The member's ELHT premium is covered by the extended health care benefits plan for the **first 24 months of an LTD claim**. If the 24-month period elapses and the member has not returned to active work, the member is responsible for paying the monthly extended health care benefits premium for the same level of coverage on the same basis as when the member was actively at work.

If a member chooses to cancel their ELHT benefits, they are unable to reinstate their benefits unless/until they return to work in some capacity. Once a member returns to their full-time equivalent position, the health, dental, and basic life coverage are premium-free. A monthly premium is paid for additional life coverage. If a member is only able to return to a part-time schedule, the monthly extended health care benefits premium is pro-rated based upon the member's work schedule.

Ontario Teachers' Pension Plan

ETFO members who are in receipt of long-term disability benefits continue to earn credit in the Ontario Teachers' Pension Plan without making pension contributions.

Long-Term Disability Buyouts

In rare circumstances, a member on long-term disability will be approached by the insurer about the possibility of receiving a one-time, lump-sum settlement of their ongoing long-term disability claim. Whether a lump-sum figure is in a member's best interest will depend on the member's personal circumstances, including financial needs and opportunities as a whole. A member is under no obligation to accept the buyout offer, and if they do not accept the offer, their monthly LTD benefits will continue as long as they continue to meet the definition of disabled under the LTD plan.

ETFO strongly encourages any member who is considering accepting a buyout to obtain legal and financial advice prior to doing so. There are many considerations when accepting a buyout, such as the effects of the buyout on the member's pension, health-care benefits, and possibly employment status.

Checklist for Long-Term Disability Claim Application Process

- ☐ Have you reached out to your ETFO local for support in exploring opportunities for a medical accommodation with the employer? LTD benefits are only paid if you meet the definition of disability and medical accommodations have been explored and exhausted.
- ☐ Have you discussed your disabling condition with your physician? Are they recommending an extended absence from your specific assignment that is longer than 12 weeks?
- ☐ Have you been contacted by the long-term disability insurer's early intervention program? They can be very helpful in providing rehabilitation assistance and other services to assist in the treatment of your illness, so please engage with them.
- ☐ Have you obtained an LTD claims kit from the school board or ETFO local office? Complete the claims kit, including the Member's Statement, and sign all required consents and authorizations.
- ☐ Have your physician(s) completed and submitted the Attending Physician's Statement of Disability for Physical Health Condition and/or Mental Health Condition?
- ☐ Have you submitted your long-term disability claims kit **no later than 12 weeks** before your paid sick leave and short-term disability leave days will be exhausted?
- ☐ Are you having reasonable and customary treatment with a specialist (e.g., oncologist, psychiatrist or registered psychologist, physiatrist/neurologist/acquired brain injury program for concussion/post-concussion syndrome)? Are you having regular treatment every 2-4 weeks with your physicians (e.g., family physician and specialist(s))?
- ☐ Are you complying with all recommended treatments and therapies, including recommended or prescribed medications?
- ☐ Have you been consistent in reporting the same information to all health practitioners?
- ☐ Have you participated in the member interview with the long-term disability insurer?
- ☐ Are you reporting your functional restrictions and limitations to the long-term disability insurer? Have you reported any improvement or deterioration in your functional restrictions and limitations?

- [ ] If your claim has been denied, have you arranged with OTIP and the Employee Life and Health Trust plan to pay your monthly premium to keep your extended health care benefits intact?

- [ ] If your claim has been denied and your paid sick leave and short-term disability leave are exhausted, have you applied for Employment Insurance sickness benefits?

- [ ] If your claim has been denied, have you scheduled a meeting with your LTD claim consultant, as noted in the claim denial letter?

- [ ] Have you contacted ETFO to discuss your claim denial or termination?

- [ ] Have you submitted your appeal letter and new medical reports within three months of the claim denial or termination?

- [ ] If your long-term disability appeal has been denied, have you contacted ETFO to discuss the options available to you and next steps?

- [ ] If your long-term disability appeal has been denied, have you applied for Canada Pension Plan disability benefits?

- [ ] Has your condition improved enough to enable you to return to work? If so, have you contacted your local office for advice and assistance about returning to work?



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