

If you are still unsatisfied...

As a member of the 3sHealth Disability Income Plan, you are entitled to a second review. Such a review must be requested in writing within 60 days of the later of the termination of your benefit or of 3sHealth's notification to you of the decision to maintain the termination or denial of your application.

Address your request to Manager, 3sHealth Disability Income Plans. If you have new or additional information that supports your claim, either include it with your request or indicate clearly in your letter what information you intend to send, and when 3sHealth can expect to receive it. (Please see *Requesting a Review* section for further guidelines.)

The 3sHealth Disability Income Plan manager will conduct a full review of all information on the claim and determine if further internal review is required. The manager may also seek advice from 3sHealth's medical consultant regarding relevant medical issues.

When this review is complete, the manager will write to you to explain the results of the review.

3sHealth's internal review is complete...

When 3sHealth's two-stage internal review process is complete, there is no further opportunity for review provided within the 3sHealth Disability Income Plans. However, there is an external, independent review process available.

Independent Review of Disability Decisions

If you remain unsatisfied with a decision reached by 3sHealth's internal appeal process, there is an opportunity to have your claim reviewed by an Adjudicator who is independent of 3sHealth. This process is referred to as "the final adjudication of a disability appeal", is performed by an independent Adjudicator, and is conducted outside of 3sHealth and union offices. The independent Adjudicator will review all of the documents on your disability claim file.

You are entitled to a final adjudication of a disability plan appeal if your request for review is received within 60 days of 3sHealth's notification to you of their final internal review decision on your disability claim.

3sHealth will inform you of the availability of a final adjudication of a disability appeal and will provide you with the necessary form for completion, when the manager of the 3sHealth Disability Income Plans writes to you with the final internal review decision.

Final adjudication of a disability appeal is available only on decisions that relate to medical matters and is not available on decisions relating to the administrative terms of the plans such as late applications or lack of plan membership.

If you have any questions about the review process, contact:

3sHealth Disability Income
800-2002 Victoria Ave
Regina, Saskatchewan S4P 0R7
Phone 306-347-5559 Toll Free: 1-866-278-2301

Fax 306-347-5910

**Please ask to speak with the adjudicator who corresponded with you.*

Your Right to a Review

Employee Benefit Programs
Disability Income Plans



Eligibility Assessment

When you apply for disability benefits, 3sHealth assesses your application according to the rules that govern your 3sHealth Disability Income Plan. 3sHealth administers four plans, so it is important to know which plan applies to you:

- SUN** for members of the Saskatchewan Union of Nurses
- SEIU** for members of the Service Employees International Union
- CUPE** for members of the Canadian Union of Public Employees
- General** for employees who do not belong to one of the above three plans

When adjudicating a claim, 3sHealth cannot change the rules that govern any of the plans. Adjudicators are objective, fair and thorough throughout the assessment process.

Plan commentary booklets that explain the terms and conditions of each plan are available from your employer or from 3sHealth and can be found online at www.3sHealth.ca.

Appointing a Representative

If you appoint another person to represent you, you must notify 3sHealth, in writing, of your decision. Some claimants appoint a union representative or lawyer, as examples, to assist with the phone calls, letter writing and other activities involved in the review process.

If your claim is not approved or your benefit is terminated...

You will be informed in writing of any decision to terminate your benefit or deny your application. Written notification will include an explanation of the reason you do not qualify for benefits under your plan. As a 3sHealth Disability Income Plan member, you have the right to request a review if you believe information was missing from your application, or, if you believe the terms of the plan have not been correctly applied to your claim.

Requesting a Review

If you feel an error has been made in 3sHealth's decision to terminate your benefit or deny your application, you may request a reassessment of your claim. Your written request must be made within 60 days of the later of:

- ♦ the date of the written decision to terminate your benefit or deny your application,

OR

- ♦ the date your benefit terminates.

You should submit additional or new information that supports your reasons for requesting the review. This information could include:

- ♦ **More comprehensive information on your medical condition from your physician.** If you think 3sHealth's assessment of your condition is inaccurate or incomplete, your physician can submit a further report explaining medical investigations, treatment and clinical observations.
- ♦ **More accurate information from your employer.** Sometimes an application is disqualified because the dates and other

details that 3sHealth receives from an employer do not match the employee's or physician's submission. If you find an error has been made, ask your employer to submit the correction or clarification to 3sHealth in writing.

If you have new or additional information to be considered in support of your claim, you may either include it with your request for a review or indicate clearly in your letter what information you intend to send, and when 3sHealth can expect to receive it. Note that if 3sHealth does not receive a clear indication of your intentions, the review could be unnecessarily delayed or completed with incomplete information.

The Review Process

Your claim, together with the new supporting information, will be reassessed by a team of at least three 3sHealth disability income plan staff members. The team will include a supervisor or manager, a different adjudicator and, if necessary, a vocational rehabilitation professional. A medical consultant is also available to 3sHealth staff to provide advice. You will be advised of the results of the reassessment by letter.