

## Did you know...

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For disability benefits to be approved, the employee needs to correspond the definition of disability presented in the insurance contract. This definition can vary from an insurer to another, but is generally similar to this one in short-term: "a condition of inability, resulting from an illness or an accident which prevents the participant from accomplishing all and each tasks of his job and requires continuous medical care."

Thus, it is the insurer's responsibility to determine if the notion of disability should apply. To do so, they will consider elements provided by:

- The insured – declaration of the insured
- The doctor – declaration of the doctor
- The employer – declaration of the employer

The analyse will start with these three documents. The insured has the responsibility to provide the necessary documents. However, the policyholder can help him in this procedure.

The insurer often proceeds to phone interviews with the insured or the employer. The goal of these phone calls is to better understand the situation in order to take the proper decision.

The role of the doctor is to describe the medical condition of his patient who is the insured. The more specify is the information, the easier the insurer will compare the medical condition of the patient with the work requirements.

The claiming process in disability insurance is complex and often difficult. To improve employee satisfaction towards their insurance company and facilitate the management for the policyholder, we provide training and specific tools to your plan.

For more information, do not hesitate to contact us.

