A Guide to Accessing and Appealing Short-Term Disability Benefits in Canada

UNIFOR

Health, Safety and Environment
Santé, sécurité et environnement

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INTRODUCTION

This guide provides a general overview of how to apply for short-term disability benefits if you are eligible for them, and how to appeal if your insurer has denied your application. It is a reference tool. The information contained in this guide is general information only and is not intended as a substitute for legal advice.

This guide focuses on internal appeals, which are appeals directly to the insurance company that denied your application. Most (but not all) insurance plans also allow you to pursue a legal appeal, or a lawsuit against the insurance company. It can be complicated to determine whether a legal appeal is appropriate, and you should consult a lawyer specializing in disability litigation if you have doubts.

The appeals process will differ depending on the insurance company and the issues of your claim. Depending on your case, you may need the involvement of your union or a privately hired lawyer. If you have questions or concerns regarding your insurance appeals, you should seek legal advice. Consult the resources section for more information.

ACKNOWLEDGEMENTS

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In solidarity,
Vinay Sharma, National Director Unifor Health, Safety and Environment

WHEN YOU ARE TOO SICK TO WORK

When you are unable to complete the main duties of your work due to a medical illness, whether physical or mental, you may be able to apply for short or long-term disability or other income assistance benefits.

The focus of this document is short-term disability (STD) benefits and long-term disability (LTD) benefits, although you will find information about other income supports later in this guide.

Short and long-term disability benefits are sometimes negotiated by your union in a collective agreement, and often provide the highest amount of income support while you are off work compared to other income supports available. These benefits are usually administered and paid by an insurance company.

Some collective agreements require the employer to pay you directly while you are unable to work, and an insurance company reviews your medical records to make sure you are disabled. If you are considering going off work, you should consult your collective agreement and ask your union or benefits rep to see what you are entitled to in your workplace.

Short-Term Disability

Short-term disability benefits are a type of income replacement that lasts for a limited time (usually from 16 – 52 weeks depending on the specific plan). Usually, to qualify for short-term disability, you must be "totally disabled". This means you must be unable to complete the essential duties of your own occupation because of a disability.

If you are found totally disabled by the insurer, they will pay you replacement income, sometimes around 60 – 70% of your previous weekly salary (depending on the contract).

There is sometimes a waiting period or a "qualifying period" where you must be off work and totally disabled before you can receive benefits.

Most of the rest of this guide focuses on how to apply for STD benefits or do an internal appeal of a denial of STD benefits from an insurance company.

Worker's Compensation Benefits

Across Canada, many workers who are injured on the job are eligible for worker's compensation benefits through their provincial Worker's Compensation Board.

If you are injured while at work or in the course of your duties, it is important to report the injury to your employer and the Worker's Compensation Board immediately and apply for worker's compensation benefits. You can ask your union rep for help reporting an injury or accident to the employer. Most provinces have a provincial Office of the Worker Advisor that may be able to give you some advice or help you manage your relationship with the Worker's Compensation Board.

See the Resources and Links section for more information.

There are other possible income supports if you are unable to work because of a disability, including the federal Canada Pension Plan Disability Benefit, and the Employment Insurance Sickness Benefit. Each province also has an income support program for people with serious disabilities.

Many of these programs have very strict eligibility criteria. Consult the Additional Income Supports section of this guide for more information.

Long-Term Disability

Short-term disability is designed to last for a limited period of time. If you use up all of your short-term disability benefits, you may be able to apply for long-term disability if it is available in your workplace and if you meet the medical criteria.

The process for this varies depending on whether the same insurance company provides both short and long-term disability, but you will usually be asked to fill out a comprehensive application and provide significant medical evidence. Payments for long-term disability are usually lower than for short-term disability.

In long-term disability, the definition of total disability is often stricter. To prove you are totally disabled, you must be unable to complete the essential duties of any occupation for which you have the skills, training, and experience, due to your disability. This is a higher threshold than being unable to perform the duties of your own job. As a result, applications for long-term disability are generally more comprehensive, and require more thorough medical information. See the “Definition of Disability” section below for more information.

If you are unsure, you can ask your union rep or your benefits rep whether your workplace has long-term disability coverage and what the process is to apply.

Definition of Disability

Remember, the definition of "disability" varies depending on the benefit. Usually, the test for total disability in short-term disability is the inability to perform the core duties of your own occupation. This is usually called the "own occupation" definition of disability. For long-term disability, you usually have to prove that you are disabled from any occupation that you could otherwise do. This is called the "any occupation" definition of disability.

Sometimes this "any occupation" definition applies to you in order to be eligible for long-term disability at all. In other cases, you apply for long-term disability under the "own occupation" definition, and after a certain period of time (sometimes two years), the definition will change to the "any occupation" definition. If your policy involves a change in definition this is called the "change of definition" date, and the insurance company should give you lots of notice if the change of definition date is coming up.

It is important to know the definition of disability being applied to your case when you apply for disability benefits. If you have applied and been denied, it is especially important to know the definition of disability in your case.

It is generally harder to meet the "any occupation" definition of total disability, as it is difficult to establish that you are totally disabled from doing any job. Many insurance companies will change the definition of total disability from "own occupation" to "any occupation" after 2 years, or when you transition from short-term to long-term disability.

If you are approaching the date that your definition of total disability will change, it is important to start thinking about what additional medical proof you might need to start preparing to remain eligible for benefits.

All insurance contracts are different. The definition of disability that applies to you is contained in your insurance plan contract, but it is unlikely that your employer or the insurer will give you that contract without the help of a lawyer. You may have a benefits summary of the short-term disability policy, or your union rep can ask HR for a copy. The benefits summary may contain the definition of total disability under your insurance contract, or HR may be able to tell you.

Do Mental Health Conditions Qualify for Short-Term Disability?

In theory, any condition can qualify for disability benefits, including mental health conditions like depression, anxiety, and PTSD. The important thing is that you meet the definition of disability according to your plan.

The insurance company should be most focused on what your symptoms are and whether they prevent you from doing the core duties of your job. Unfortunately, insurance companies can sometimes disbelieve mental illness claims because they cannot see physical signs of the illness.

It is helpful when applying for short-term disability for mental health conditions to have a specific diagnosis such as major depressive disorder, rather than a general description of your condition such as exhaustion or burnout. If a diagnosis is not available, your doctor may be able to refer you to specialists, refer you to further testing, or

prescribe medications or other treatments that may help identify a diagnosis.

APPLYING FOR SHORT-TERM DISABILITY

The short-term disability application process is similar under most disability plans. Most plans involve three forms: the notice of

claim, the employers' report, and the attending doctor's report. You fill out the notice of claim and ask your doctor to fill out the doctor's report and the employer to fill out the employer's report. Many insurance companies will also call you and do an initial interview with you.

You can ask your union or benefits rep how to access these forms to start the application process. The employer should also be able to tell you what steps are required.

The Notice of Claim

The notice of claim document asks for basic information from you, and also asks for a description of your injury, your symptoms, and your last date of work. The information contained in your notice of claim must be 100% accurate. Insurance companies are very good at finding inconsistencies, and it is easy to make someone look like they are not telling the truth when they offer an after-the-fact clarification.

For example, if you tell the insurer you cannot sleep, but then tell your doctor you sleep 3-4 hours a night, the insurer may say this is inconsistent information. Stick to what is true and be as precise as possible – if your sleep is inconsistent but is generally 3-4 hours a night, it is important to provide that level of detail.

It is also important to be thorough when describing your symptoms.

What exactly is interfering with your ability to perform the core duties of your work? One way to go about this is to explain in your own words what your main job duties are, and to list the symptoms that are impacting your ability to perform those duties. You are not limited to the space provided in the claim form and can use as much space as you need to describe your symptoms and their impact on your ability to do your work.

Make sure you are thorough and accurate in describing your job duties. The employer's report will also contain a list of your core duties, but these descriptions are often general and outdated, and do not capture the full range of your responsibilities. In order for the insurance company to understand why you can't do your job, they need to understand how much is truly involved in your job.

In the case of mental health conditions, it can be very difficult and painful to describe how your illness is affecting your day-to-day activities. Your symptoms may have gotten worse slowly over a long period of time, and they may seem so normal to you now that they are difficult to describe. It is especially important to take the time to describe all the symptoms that are affecting your ability to work. It can be helpful to provide examples.

The Physician's Statement

Do not assume that your doctor knows how to complete their report. Most doctors are not familiar with the forms to apply for short-term disability and may not be aware of how important their involvement is.

Disability applications are frequently denied because the doctor's report has not been filled out properly. It is not enough for your doctor to say, "my patient cannot work at this time". Your doctor will need to provide detailed reasoning of why that is the case, based on your reported symptoms, their observations, available medical test results, and your response to any treatment.

You may want to meet with your doctor before they write their report.

It is important that the doctor's report reflect their own independent medical opinion, but especially in the case of mental health conditions, your doctor may not be aware of how difficult

things have become for you. One way to explain to them is to take them through your daily routine and your daily work routine and explain to them how your illness has impacted your ability to do each part of that daily routine.

The Interview with the Insurance Company

Once they have reviewed your file, the insurance company may want to schedule a detailed interview with you. It is a good idea to cooperate with this interview, but you should approach it very carefully.

Remember that this is part of your disability file and the insurance agent is taking careful notes of what you say. These interviews are usually scheduled once the insurance agent has reviewed your entire application. You can safely assume that the agent will be on high alert for anything you say that contradicts what you or your doctor have said about your illness.

These interviews can be stressful. You can ask for a support person to sit in on the call if you need one. You may want to ask your union rep or benefits rep to sit in on the call with you for support, although they likely cannot take a very active role.

It is best to be polite, as precise as possible, and succinct in answering all questions. If someone does sit in with you, you can ask them to help by taking notes of what you and the insurance agent say on the call so you have a record of it.

If Your Application is Approved

If approved, you still have ongoing obligations to the insurance company to stay eligible for benefits. Your eligibility for benefits is conditional, and you will have to provide the insurance company with ongoing proof that you remain totally disabled.

Different insurance companies have different practices. Some will want regular written medical updates from your doctor. Others may want to have regular calls with you to hear how you are doing and make sure you are following treatment as prescribed.

It is important to cooperate with the insurance company when they ask for information, and to keep track of the information you have given them so that you can be clear and consistent. If you can, get a notebook and a pen and make a note of all conversations with the insurance company. Write down what they asked you about your symptoms, and what you told them.

Remember that any calls you have with the insurance company are part of your insurance file, and the insurance agent will be taking careful notes of what you say. It is helpful to have your own notes in case anything you say is later misconstrued or misunderstood.

Video and Online Surveillance

Many are shocked to learn that it is legal for an insurance company to hire private investigators to surveil people who have been approved for short-term disability when they are out in public. This right to surveil you extends to online activities such as your comments and posts on social media, like Facebook.

This is one reason why it is very important to be precise when reporting your symptoms to your doctor and the insurance company. If the insurance company does hire an investigator to take video surveillance of you when out in public, they can then compare what the videos show to how you have described your symptoms.

If you are videotaped doing activities that appear inconsistent with what you have told the insurance company you are unable to do because of your illness, you can jeopardize not only your disability benefits but also your employment.

APPEALING SHORT-TERM DISABILITY DENIALS

If your claim is denied, you may have more than one option to appeal the denial. You usually have the right to pursue one or more internal appeals directly with the insurance company. You can find more information about how to do these internal appeals below.

In most cases you will also have the right to conduct a legal appeal, which means filing a lawsuit in court. There are upsides and downsides to this, and you may want to consult with a lawyer to determine whether this option is appropriate in your case.

The timelines to file a lawsuit may begin to run after your internal appeal deadlines have expired, or it may begin to run as soon as you are denied. It is best to consult with a lawyer as early as possible if you are considering a lawsuit.

Under some circumstances, the denial of your short-term disability application can be the subject of a grievance filed by the union. More on that below.

Can the Union File a Grievance?

If your short-term disability application is denied, it is sometimes possible for the union to file a grievance on your behalf. This would mean that the dispute would go to a grievance arbitrator agreed to by the union and the employer, rather than directly to the insurance company or the court. It is sometimes possible for the union to file a grievance while you file your internal appeal or lawsuit. Other times, only one or the other is possible.

Whether or not it is possible to grieve a decision to deny disability benefits depends on the specific language of your collective agreement. In general, if the short-term disability insurance is not mentioned in the collective agreement, it is not possible to file a

grievance of the denial. An arbitrator will simply find they do not have jurisdiction to resolve the dispute and will refuse to make a decision. The same is true if the collective agreement says the employer will pay insurance premiums, but doesn't go any further than that.

On the other hand, if your collective agreement specifically provides for the payment of benefits by the employer, or incorporates the short-term disability plan into the collective agreement, it is possible to file a grievance as an arbitrator will have jurisdiction to resolve the dispute.

Whether or not an insurance contract is "incorporated by reference" into the collective agreement can be a complicated legal question that an arbitrator may need to decide. It can also be complicated to decide whether it is better to appeal through a grievance or an internal appeal.

Where you have the right to an internal appeal and a grievance, you should file an appeal and have the union file a grievance. Although you cannot pursue two appeals at the same time you can have one of them "held in abeyance", or put on pause, while you pursue the other.

That way, if you lose your internal appeals, you will not have missed the timeline to file a grievance. Or, if an arbitrator refuses to hear your grievance, you will not have lost your right to pursue an appeal directly with the insurance company because you have missed the deadline to file an internal appeal. Your union or benefits rep can help you decide which avenue makes sense to pursue first.

Remember that most collective agreements have strict timelines to file a grievance or it will get thrown out. Make sure to tell your union rep immediately once you receive a denial letter so you can discuss whether a grievance is possible without missing any deadlines.

Collective Agreement Medical Appeals Process

Rarely, your collective agreement or the insurance contract may create a specialized dispute resolution procedure called a Medical Appeals Process that is available to address medical questions such as whether you meet the test of disability under your plan. Ask your union rep or consult your collective agreement to see if that is an option in your case.

Remember that even where no grievance can be filed and there is no medical appeals process, some workplaces have union Benefits reps or Employee and Family Assistance Program reps who may be available to help you navigate some parts of applying for and appealing disability claims with the insurance company. Ask your local union rep if any assistance is available.

The Denial Letter

The insurer must notify you in writing if your application is denied. The denial letter is a very important document, and it contains all of the critical information you need in order to make your internal appeal to the insurance company. Make sure you keep one clean copy of the letter without any pen markings on it.

The denial letter should tell you the reason(s) why you were denied.

You should consider each of these reasons seriously and discuss with your doctor what evidence might be available to challenge the insurer's decision.

Sometimes the insurance company will give you vague reasons for why you are not eligible for benefits. If their reasons are vague, it is harder for you to provide specific evidence to challenge them. You want them to be specific with their reasons so you can provide specific evidence to challenge them.

You can write to them and ask them to clarify the reason for your denial.

The denial letter will also inform you of your appeal deadline. It will usually be 30, 60, or 90 days from the date on your denial letter, or stated plainly as a date, such as September 1, 2023. It is very important to meet your appeal deadlines. If you do not meet deadlines, you can lose your right to appeal.

Your Appeal Deadline

If you do not appeal by the deadline given by the insurance company you can lose your right to an internal appeal.

If you cannot meet your appeal deadline for some reason (for instance if you are waiting for the report of a specialist that will challenge a finding made by the insurer) you can ask for an extension. Write to the insurance company and ask them for an extension, explaining briefly why you need one.

It is critical that you file your appeal by whatever final deadline you are given, or you can lose your right to appeal.

Remember that this guide is about internal appeals with the insurance company, where different timelines apply. If you are considering filing a lawsuit, you should consult a lawyer early on to determine what deadline applies to you.

Preparing a Short-Term Disability Appeal

How you prepare your appeal will depend on the reason you were denied. Disability appeals are stressful and a lot of work, but it is possible to win them. Usually, an appeal will involve a detailed letter or statement from you, as well as detailed additional medical evidence.

Remember that an internal appeal is asking one employee of the insurance company to overrule the decisions made by one of their coworkers. Remember also that insurance companies audit the decisions of their employees, so the person reviewing your claim may face employment consequences in their own job for approving or denying your claim.

Although the evidence you provide should be the only thing that matters, these interpersonal dynamics are also at play. You want to make it as easy as possible for the appeal adjudicator to approve your application. The best way to do this is to prepare an extensive appeal, where you provide as much new information as possible that responds directly to the reasons you were denied. This allows the decision-maker to justify to their own boss and their colleagues why your application should be approved despite an initial denial.

Again, the best approach to a disability appeal is a comprehensive one. You want to provide the insurer with overwhelming evidence that their decision to deny you was the wrong one. The more new evidence you provide that responds directly to the reason you were denied, the easier it is for the person reviewing your appeal to approve you.
Although it can be very painful, you want to review your denial letter from the insurance company very thoroughly, and understand their reason for denying you very well. Then you want to provide them with detailed evidence that challenges their reasons.

Preparing Medical Evidence for Your Appeal

If you have been denied benefits because the insurance company says they do not have enough evidence to support your disability claim, you will need to provide them with additional medical evidence in addition to your appeal letter.

One way to organize this is to list all of the reasons the insurer gave for which you were denied, and then challenge each one of those reasons with medical evidence and new information. Depending on your situation, your family doctor or a specialist like a psychiatrist will be well placed to help you provide the additional medical evidence you need.

Do not simply go to your doctor and ask them for another letter outlining your symptoms and restrictions. Your doctor needs to understand the reasons you were denied so they can respond to the insurance company's concerns. Show them the denial letter and explain to them the insurance company's reasoning.

Make sure they understand what the definition of disability is in your case. If your definition of disability is "any occupation", your doctor needs to help explain how your symptoms affect your ability to work in any job that you might otherwise be able to do if you weren't sick. Your doctor's letter needs to respond directly to the reasons you were denied by the insurance company in order to be persuasive.

Medical Evidence of Mental Illness

For mental health conditions, your family doctor may or may not be aware of how your symptoms affect you. If you have attended the emergency room or been admitted for inpatient treatment, your doctor may or may not have been involved. They may not know if you have started to see a therapist, and they may not know the full extent of your symptoms because they do not see the struggles of your mental health condition day to day.

Before you ask your doctor to write an additional medical letter, make sure they know in detail how you are doing, what your symptoms are and what you can and cannot do because of your disability, and any other treatments you have pursued.

If you see a social worker, psychotherapist, psychologist, or other care provider who understands your condition, ask that person if they will speak to your doctor or write a letter to your doctor to help them understand how you are doing. You may want to submit this letter directly to the insurance company, or you may want to provide this letter to your doctor to help them understand your situation.

Know that insurers have biases about the professionals whose opinions they would prefer to accept. They tend to prefer doctors over para-professionals (i.e., physiotherapists), and specialists (i.e., psychiatrists) over family doctors. If your doctor is willing to speak to any of your other care providers to get their perspective, this can be helpful. If they agree with the information provided by any other treatment providers, it is important that they say so to the insurer.

Getting Your Own Assessments

The appeal stage is often where people consider getting their own private testing and assessments as medical evidence of their disability. Depending on your medical condition, this might include a functional assessment, neuropsychological testing, or reports from treatment providers hired privately.

This sort of testing can be very helpful because it provides objective evidence of your inability to work. In many cases, a doctor can speak to your symptoms, but other sorts of workplace assessments are required in order to prove the impact of those symptoms on your work.

This testing can be incredibly expensive and it may or may not be financially accessible to you. If you are able to seek out private additional testing, make sure you tell your doctor that you have done so. Make sure that any additional testing speaks directly to the reasons you were denied short-term disability. Ask your doctor to discuss the results of the testing in their new report as part of the appeal.

Mistaken Insurance Company Reasoning

It is very common for insurers to miss, misunderstand, or simply ignore medical evidence that supports your case from your initial application when they deny your claim. In your appeal letter, point out anything that the insurance company has ignored or missed from your initial application.

Pointing out these errors and omissions is usually not enough on its own to convince the insurer to overturn a denial (usually additional medical evidence is still required), but it is important to use every tool available to you in your appeal.

What if I Need a Lawyer?

Although your union rep will work with you if a grievance is filed, it can be complicated to determine whether you should file an internal appeal or a lawsuit. There are specialized lawyers who may be able to help you. It may be appropriate to hire a lawyer depending on the nature of the issues in your appeal.

Be wary of lawyers who will charge you an hourly rate for work on a disability appeal – this is often a sign of an inexperienced lawyer who does not appreciate how complicated and time-consuming disability appeals can be.

Some lawyers who do disability appeals will work on "contingency", which means they do not charge any fees up-front or if they lose. If they win your appeal, they take a percentage (sometimes up to 30% or more) of anything you win.

Other lawyers will work on "block fee" arrangements, where they charge you a set fee for a particular part of the work, such as preparing you for an independent medical exam, or gathering the medical evidence in your appeal. Make sure you are very clear on what is included in any block fees you pay.

ALTERNATIVE INCOME SUPPORTS

In addition to short-term disability and long-term disability benefits, there are other income supports that you may be eligible for.

Remember that income support programs generally prohibit you from "double dipping" or receiving multiple types of income assistance for the same period of time. For example, if you apply for and receive Employment Insurance Sickness Benefits but are later approved for short-term disability benefits for the same time period, you will have to pay back the Employment Insurance benefits. It is important to be honest about which sources of income you are receiving.

Employment Insurance (EI) Sickness Benefit

The Employment Insurance Sickness Benefit is a federal government program that provides replacement income for workers whose income has been reduced because they are sick and unable to work.

To be eligible to receive the EI Sickness Benefits, you need to have paid EI premiums. You can normally see on your pay stub whether your employer has deducted EI premiums, or you can ask your HR department or union rep.

To qualify for EI sickness benefits, you need to show that:

- your normal weekly earnings have been reduced by more than 40% because you are sick;
- you would be able to work if you were not sick, injured, or in quarantine; and
- you have enough hours of insurable work in your qualifying period.

Your qualifying period is usually the last 52 weeks before the start of your claim. To qualify for EI sickness benefits, you usually need 600 hours of work. You will need a record of employment from your employer confirming your hours and rate of pay. You can ask your employer for this. You also must get a medical certificate indicating how long your illness is expected to last.

To receive sickness benefits you must submit an EI application online or in person to a Service Canada Centre. Note that if you are denied EI you can appeal that denial as well.

Canada Pension Plan (CPP) Disability Plan

The CPP disability benefit is available to people who are under 65 years old, whose disability prevents them from working at any job on a regular basis, and who have made enough contributions to the CPP.

The CPP defines "disability" as a condition, physical and/or mental, that is "severe and prolonged". "Severe" means that you have a mental or physical disability that regularly stops you from doing any type of work (full-time, part-time or seasonal). "Prolonged" means that your disability is likely to be long-term, or is likely to result in your death.

If you are receiving CPP disability benefits, your dependent children may also be eligible for a children's benefit. The child must be:

- under age 18; or
- under age 25 and in full-time attendance at a recognized school or university.

You can get a CPP disability benefits application kit online or by calling Service Canada. There is no time limit for submitting the application, but the date you send it in can affect when your benefits start. If you are denied the CPP disability benefit you have the right to request a review of the decision.

Provincial Disability Support Program

Each province has its own disability income support for low-income individuals with severe disabilities and low assets. In Ontario this program is called the Ontario Disability Support Program, and in British Columbia it is called Disability Assistance, for example. These programs are often considered programs of last resort, as they have very strict financial eligibility criteria as well as strict medical eligibility criteria.

Disability support applications take up to a year to process and many applicants must appeal an initial denial.

Worker's Compensation Board

If you are injured in the workplace or in the course of your work, you may be eligible for income replacement and medical supports through your provincial Workplace Safety and Insurance Board or Worker's Compensation Board. It is important to report any work-related injuries to your employer and to the Board as soon as they happen in order to apply for benefits. You can ask your union rep if you are unsure how to do this.

Note that your work does not need to be the only cause of your injury, but it must be a significant contributing factor. If you are eligible and depending on your province, your benefits may be 85% of your pre-injury net average earnings.

Each province also has an Office of the Worker Advisor that has a mandate to assist injured workers in navigating the Worker's Compensation Board system, as they can be very complicated and not worker-friendly. In Ontario, the provincial Office of the Worker Advisor does not have a mandate to assist with unionized workers, but there are specialty legal aid clinics in the province that can provide assistance.

Your Pension Plan's Disability Pension

If you are a member of a workplace pension plan, you may be eligible for a disability pension. You can ask Human Resources (HR) for details about whether a disability pension is available. Accessing a disability pension involves terminating your employment relationship permanently, so this is often an option used only when people have run out of short-term disability and long-term disability benefits through their employer.

It is a good idea to seek legal and financial advice before seeking to access a pension plan disability pension as terminating your employment relationship is a serious decision.

CONCLUSION

It can feel stressful and invasive to apply for short-term disability benefits when you are unable to work because of illness or disability. Remember, your union rep or benefits rep is here to help you understand what is available in your workplace.
If you have access to extended health benefits or an Employee Assistance Program, make sure to use them, and prioritize your wellness and recovery during this difficult time. It can feel daunting, but it is important to have a plan and be strategic in how you approach your disability appeal. It is possible to win!

RESOURCES AND LINKS

Canada Pension Plan Disability
http://www.servicecanada.gc.ca/eng/isp/cpp/applicant.shtml

Employment Insurance (EI) Sick Benefits
http://www.servicecanada.gc.ca/eng/sc/ei/benefits/sickness.shtml

WORKER'S COMPENSATION BOARD LINKS

CANADA
Federal Workers' Compensation Service
https://www.canada.ca/en/services/jobs/workplace/health-safety/compensation.html

ALBERTA
Workers' Compensation Board – Alberta
https://www.wcb.ab.ca/

BRITISH COLUMBIA
WorkSafeBC
https://www.worksafebc.com/en/for-workers

MANITOBA
Workers Compensation Board of Manitoba
https://www.wcb.mb.ca/workers

NEW BRUNSWICK
WorkSafeNB – Travail Sécuritaire NB
https://www.worksafenb.ca/workers/

NEWFOUNDLAND AND LABRADOR
WorkplaceNL
https://workplacenl.ca/workers/

NORTHWEST TERRITORIES
Workers' Safety & Compensation Commission
https://www.wscc.nt.ca/claim-services/claims-workers

NOVA SCOTIA
Workers' Compensation Board of Nova Scotia
https://www.wcb.ns.ca/

NUNAVUT
Workers' Safety & Compensation Commission
https://www.wscc.nt.ca/claim-services/claims-workers

ONTARIO
Workplace Safety and Insurance Board
https://www.wsib.ca/en

PRINCE EDWARD ISLAND
Workers Compensation Board of PEI
https://www.wcb.pe.ca/Workers

QUEBEC
Commission des normes, de l'équité, de la santé et de la sécurité du travail
https://www.cnesst.gouv.qc.ca/fr/demarches-formulaires/travailleuses-travailleurs

SASKATCHEWAN
Workers' Compensation Board
https://www.wcbsask.com/workers

YUKON
Workers' Safety and Compensation Board
https://www.wcb.yk.ca/web-0005

Office of the Worker Advisor Links

ALBERTA
The Advisor Office for Alberta Workers' Compensation
https://advisoroffice.alberta.ca/

BRITISH COLUMBIA
Workers' Advisors Office
https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/personal-injury-and-workplace-safety

MANITOBA
Worker Advisor Office
https://www.gov.mb.ca/labour/wao/

NEW BRUNSWICK
Office of the Advocate Services
https://www2.gnb.ca/content/gnb/en/departments/post-secondary_education_training_and_labour/People/content/AdvocatesServices/WorkersAdvocates.html

NEWFOUNDLAND AND LABRADOR
Office of the Worker Advisor
https://www.nlfl.nf.ca/office-of-the-workers-advisor

NORTHWEST TERRITORIES AND NUNAVUT
Workers' Advisor Office
https://www.workersadvisor.ca/

NOVA SCOTIA
Workers' Advisor Office
https://novascotia.ca/lae/wap/

PRINCE EDWARD ISLAND
Office of the Worker Advisor
https://www.princeedwardisland.ca/en/information/economic-growth-tourism-and-culture/office-of-the-worker-advisor

SASKATCHEWAN
Office of the Worker's Advocate
https://www.saskatchewan.ca/business/safety-in-the-workplace/assistance-for-wcb-claims-and-appeals

YUKON
Workers' Advocate Office
https://yukon.ca/en/health-and-wellness/work/learn-about-workers-advocate-office#what-can-the-workers-advocate-office-do-for-you

Unifor Quebec locals can contact:
Service de défenses des accidenté-e-s du travail (SDAT)
https://www.uniforquebec.org/fr/services-aux-membres/service-de-defense-des-accidentees-et-accidentes-du-travail-sdat
Tel: 514-850-8972 ou 1-800-361-0483, poste 8972
Email: SDAT@unifor.org

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