



**AMALGAMATED TRANSIT UNION**  
5359 Timberlea Boulevard, Unit 30  
Mississauga, Ontario L4W 4N5  
Telephone: 905-602-5841 Fax: 905-602-5844



November 4, 2007

Dear Valued ATU Member

The Executive Board has put together a package for each member containing a Policy and Procedure information sheet to outline the current policies and procedures for the Weekly Indemnity Benefit as negotiated in the Collective Bargaining Agreement. Please note the Master Insurance Policy was negotiated by the City of Mississauga/Mississauga Transit with the Sun Life Assurance Company of Canada (Insurance Carrier/Provider).

We trust that you will find this information both informative and of value. The package outlines the basic procedures of Weekly Indemnity and covers a lot of questions that arise on a daily basis.

We encourage you to keep this package on your personnel file for future reference. If at any time there are questions you may have on this package, Weekly Indemnity Claims or any other assistance that we may provide we also encourage you to call the union office.

Fraternally,

Nicholas F. Bye  
Financial Secretary Treasurer  
ATU Local 1572

**WEEKLY INDEMNITY**  
**EXPLANATION OF PROCEDURES**

Weekly Indemnity is a benefit short term disability wage benefit (up to twenty-six weeks) provided by the employer as set out in the Collective Bargaining Agreement.

**To be eligible for the Weekly Indemnity Benefit you must be unable to perform your regular duties for three (3) consecutive days due to illness or injury which occurred outside the work place.** Weekly Indemnity is based on a seven (7) day schedule.

If you incur illness or injury which occurred in the workplace you would file under the Workers Safety and Insurance Board (WSIB).

**STARTING THE PROCESS OF WEEKLY INDEMNITY BENEFIT**

You must notify the Company of your absence and your intent to claim the Weekly Indemnity Benefit. (*You do not have to reveal the nature of your illness or injury to the Company*).

You must first obtain a Physician's Statement accompanied with an Employee Statement from either the employer or from the union website ([www.atu1572.org](http://www.atu1572.org))

Take the Physician Statement form to your doctor and have he or she fill out the form in its entirety. Ask your Doctor to be as detailed as possible on the diagnosis of your condition. Before leaving the doctors office, go over the form with your doctor to make sure the form is complete and you understand the information that he/she has provided to the Insurer.

It is recommended that you complete The Employee Statement form after you have sought medical attention. **Do Not Self Diagnosis yourself.**

**\*\*\*PLEASE NOTE: IMPORTANT\*\*\***

***YOU MUST RECEIVE MEDICAL ATTENTION WITHIN THE FIRST THREE (3) DAYS OF ILLNESS OR INJURY IN ORDER TO BE PAID FROM THE FIRST DAY OF ABSENCE FROM WORK.***

***IF YOU DO NOT RECEIVE MEDICAL ATTENTION WITHIN THE FIRST THREE (3) DAYS OF ILLNESS OR INJURY, YOU WILL ONLY RECEIVE PAYMENT FROM THE TIME YOU RECEIVE THE MEDICAL ATTENTION.***

***IF YOU CANNOT GET AN APPOINTMENT WITH YOUR FAMILY DOCTOR, IT IS STRONGLY RECOMMENDED THAT YOU GO TO A WALK IN CLINIC OR ATTEND THE EMERGENCY ROOM AT THE NEAREST HOSPITAL.***

***IF YOU ATTEND THE EMERGENCY ROOM AT THE HOSPITAL, ASK FOR DOCUMENTATION IN THE FORM OF PAPERWORK TO PROVIDE TO YOUR DOCTOR WHO WILL FILL OUT THE PHYSICIANS STATEMENT ON YOUR FIRST AVAILABLE APPOINTMENT.***

***IF YOU ATTEND A WALK-IN CLINIC ASK FOR A NOTE FROM THE TREATING DOCTOR TO PROVIDE TO YOUR DOCTOR WHO WILL FILL OUT THE PHYSICIANS STATEMENT ON YOUR FIRST AVAILABLE APPOINTMENT.***

### **SUBMITTING THE INSURANCE FORMS**

Before submitting your forms please keep photo copies of any and all forms and any other letters, prescriptions etc., pertaining to your claim. Keep a file of your claim. This is recommended in case of any complications that may arise pertaining to your claim.

#### **There are two (2) ways to submit your claim:**

- 1) You may choose to deal directly with the Insurance carrier. If you choose this option, you would mail your Physicians statement directly to the Insurance carrier.
- 2) You may choose to submit through the company's Health & Safety Specialists Department. If this option is chosen you would give you documents to the department and they would forward the information on your behalf to the Insurance Carrier.

Please note that your medical information is kept confidential under the Privacy and Confidentiality Act. Any release of information about your claim must be authorized by you the claimant.

## **OBLIGATIONS AS THE CLAIMANT OF WEEKLY INDEMNITY**

- The Company must be notified of your absence and your intent to apply for the Weekly Indemnity.
- You must keep in contact with the company on a regular basis (weekly) as per your status during regular business hours, as per the Rules and Regulations as set out by the Company.
- It is the responsibility of the claimant to provide to the Insurance Carrier the medical documentation that is required have the claim approved and to keep benefit payment ongoing until your return to work.
- It is the responsibility of the claimant for payment of any and all forms, doctors' letters and notes.

## **DISABILITY INCOME RATE OF PAY**

The stay at home rate of pay is based on eighty-five (85) percent of your current gross regular rate of pay. If you are off on Weekly Indemnity at the time that there is a rate of pay increase of the active employees you will receive the increase on your Weekly Indemnity Disability Benefit.

If at some point you are able to return to work in a modified capacity or to a sedentary position you will receive ninety (90) percent of your regular rate of pay.

If you are able to return to work on a work hardening program you would receive one hundred (100) percent of your regular classification rate of pay.

**A work hardening program is defined as such:** (Example): Your doctor returns you to work, deeming you capable of performing your regular duties for no less than two (2) hours per day and modified work for the balance of an eight (8) hour shift for the first two weeks. The third week performing your regular duties for four (4) hours and four (4) hours modified. The fifth week, performing your regular duties for four (6) hours and four (2) hours modified. On the eighth week, returning you to your regular classification with no restrictions.

***The Weekly Indemnity Benefit Claim that you submit belongs to you, the claimant. The union is available to provide any information and/or assistance that maybe required upon request.***