



CHECKLIST

Applying for disability benefits under the Public Service Management Insurance Plan (PSMIP)

There are **four forms** included in your disability claim package. All four must be completed. Use the following checklist to ensure you have included all required information. This will help to avoid delays in assessing your claim.

1.	Complete the <i>Employee's statement</i> form F54-1011A-57.	
	 Answer all questions on the form. 	
	 Ensure to include your seven-digit certificate number (CI). It can be found: 	
	Through the Phoenix Pay System application, if you have access to the Compensation Web	
	Applications (CWA). Go to <i>Main Menu</i> \rightarrow Self Service \rightarrow Benefit \rightarrow Benefit Summary .	
	 By calling the Public Service Pay Centre, or your departmental compensation advisor. 	
	 Include a void personal cheque with your name pre-printed. 	
2.	Ask your immediate supervisor/manager to complete the <i>Employer's statement</i> form F54-1012A-57.	
	 Ensure your supervisor/manager has included your current job description. 	
	 Ensure your supervisor/manager submits a pay action request (PAR) and a copy of their duly 	
	completed <i>Employer's statement</i> , form F54-1012A-57, to the Public Service Pay Centre or your	
	departmental compensation services, requesting they complete and send the <i>Employer's</i>	
	statement – Compensation advisor form F54-1013A-57 to iA Financial Group.	
3.	Ensure the <i>Employer's statement</i> form completed by the compensation advisor F54-1013A-57 is	П
	sent to iA Financial Group.	
	 Ensure the compensation advisor has included your leave records for the past 12 months, 	
	including an explanation of leave codes and your current sick leave balance.	
4.	Ask your physician to complete one of the three Attending Physician's Questionnaire forms:	
	F54-1014A-57 – for mental-health-related conditions, F54-1015A-57 – for musculoskeletal related	
	conditions or F54-1016A-57 – for all other medical conditions.	
	 Ensure your physician has included: 	
	 A copy of all clinical notes from the date you stopped working or the date your hours were 	
	reduced as a result of your disability;	
	 A copy of all available test results; 	
	 A copy of all consultation and assessment reports from specialists you have consulted, if applicable. 	
	 Ensure your physician has answered all questions on the form (must provide a diagnosis, 	
	disabling symptoms, a treatment plan and a prognosis).	

All the above information must be sent to iA Financial Group ideally at least two months prior to the date you expect your benefits to become payable, given the claim is approved. All forms need to be sent via mail, fax or email: Mail: Group Disability Claims Fax: 1-877-781-1583

522 University Avenue, Suite 400 Toronto, Ontario M5G 1Y7

Email: disabilityclaims@ia.ca

The assessment of your application will begin only when **all four forms** listed above are received by iA Financial Group. A decision will be rendered within **10 business days.** Once the assessment is complete, you will receive one of three decisions:

- Application approved
- Application declined
- Application pending awaiting additional information

IMPORTANT: If any information is missing or if the information provided is insufficient, iA Financial Group will be unable to render a decision and will need to obtain the missing information to complete the assessment.

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