3sHealth
better together

Your right to a review

3sHealth Employee Benefits Disability Income Plans

3sHealth administers four disability income plans: CUPE, SEIU-West, SUN, and General. If 3sHealth does not approve your application for disability benefits or closes your claim, you can appeal the decision. This information sheet gives you more details about your right to an appeal.

What happens if 3sHealth does not approve my application for disability benefits or closes my claim?

3sHealth will make every effort to perform a complete and accurate assessment of your claim. 3sHealth will inform you in writing of any decision to deny your application or close your claim. This written notification will include an explanation of why you do not qualify or no longer qualify for benefits under your plan.

As a Disability Income Plan member, you have the right to request a review if you believe that information was missing from your application or if you think 3sHealth has not correctly applied the terms of the plan to your claim.

How do I appeal?

To appeal a decision, you must send in your written Notice of Intent within 60 calendar days of either the date of the written decision to close your claim or deny your application, or the date your benefit terminates (whichever comes later).

What information should I include with my appeal?

You should submit any information that supports your reasons for requesting the review, including:

- 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 additional reports explaining medical investigations, treatment, and clinical observations.
- New or additional information from your employer that is relevant to your claim.

- Any other information that 3sHealth should consider in support of your claim.

Include this information with your request for a review. You may also indicate clearly in your letter what information you intend to send. Please specify when 3sHealth can expect to receive it. Not submitting a clear indication of your intentions may delay the review.

Can someone help me with my appeal?

You can appoint another person to represent you, but you must notify 3sHealth in writing. For example, some plan members appoint a union representative, family member, or lawyer to assist with the phone calls, letter writing, and other activities involved in the review process.

Who reviews my appeal?

3sHealth team members will reassess your claim along with the new supporting information. The team will include an adjudicator or manager, and, if necessary, a rehabilitation advisor or consultant, a mental health advisor, or a medical consultant. 3sHealth will phone you when the assessment is complete. Additionally, 3sHealth will send you a letter detailing the assessment outcome and outlining the next steps.

How long will it take for my appeal to be reviewed?

Once your appeal and supporting information is received by 3sHealth, the review of your appeal will be completed within 30 business days.

What if my appeal is denied?

You are entitled to a second review. You must request a second review in writing within 60 calendar days of either the date of the written decision to close your claim or deny your application, or the date your benefit terminates (whichever comes later).

Address your request for review to Claims Services Manager, Employee Benefits. 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.

The second review will follow the same process as the first, with team members reviewing any new supporting information that is supplied. As with the first review, 3sHealth will phone you when the assessment is complete, and you will receive a letter from 3sHealth detailing the outcome and next steps.

The second appeal is complete and I don't agree with the decision. What are my options?

There is an external, independent review process available. This process is available after 3sHealth's two-stage internal review process is complete. Final adjudication of a disability appeal is available only on decisions that relate to medical matters—it is not available on decisions relating to the administrative terms of the plans, such as late applications or eligibility in the disability income plan.

How does the external "Independent Review of Disability Decisions" work?

If you wish to appeal the decision that 3sHealth's internal appeal process reached, there is an opportunity for an adjudicator who is external to, and independent of, 3sHealth to review your claim.

3sHealth must receive the request for review within 60 calendar days of 3sHealth's notification to you of the final internal review decision.

3sHealth will send a complete copy of your disability claim file to an independent adjudicator (licensed medical doctor). The independent adjudicator will review your complete disability claim file and reach a decision.

The independent adjudicator will contact you directly with the decision. The independent adjudicator will send a copy of the decision to 3sHealth.

In accordance with collective bargaining agreements, the decision of the independent adjudicator is final and binding.

Contact information

Visit 3shealth.ca

There are a number of ways you can find what you are looking for, including searching from the 3sHealth home page, searching from the Employee Benefits home page, or accessing quick links to our most frequently requested documents on the Employee Benefits home page.

Phone us toll free

Tel: 1.866.278.2301, Ext. 1 – Disability Income Plan

Email us

ebp@3sHealth.ca