



Healthcare Benefit Trust (HBT) Policy #51337   
 Joint Community Benefits Trust (JCBT) Policy #59234   
 Joint Facilities Benefits Trust (JFBT) Policy #59233   
 Joint Health Science Benefits Trust (JHSBT) Policy #59232   
 Community Social Services Employers' Association (CSSEA) Policy #51367   
 Healthcare Benefit Trust (HBT) Policy #50168

## Monthly Earnings Report While on LTD

Employee Name: \_\_\_\_\_ Payroll ID: \_\_\_\_\_

HBT Employer Division #: \_\_\_\_\_ HBT Benefits ID # (BID): \_\_\_\_\_

For the calendar month (M/Y): \_\_\_\_\_ and based on pay periods ending (D/M/Y): \_\_\_\_\_

and (D/M/Y): \_\_\_\_\_ and (D/M/Y): \_\_\_\_\_

**1. HOURS WORKED** (include any overtime, shift differential, qualification differential, isolation allowance, stat holiday pay)

# of Hours Worked (A)	Hourly Rate of Pay (B)	Total Paid (A) x (B)
<b>Total Paid in the Month</b>		<b>(C) \$</b>

**2. VACATION** (include any vacation hours earned while on LTD and paid-out while on LTD; exclude vacation earned prior to LTD qualification date)

# of Hours Paid Vacation (A)	Hourly Rate of Pay (B)	Total Paid (A) x (B)
<b>Total Paid in the Month</b>		<b>(D) \$</b>

**3. PAID LEAVE**

**Sick Leave While Working and on LTD:** LTD claimants who are working and who call in sick for a scheduled shift are not eligible for sick pay, regardless of when the sick pay was earned. Instead they will receive LTD benefits for that day. There is no requirement to advise Canada Life of unpaid sick days. If there are special circumstances where the employer intends to pay sick leave, please contact Canada Life first.

**Other Paid Leave for HSP and NBA only:** An LTD claimant who is working in rehab employment under an Approved Rehabilitation Plan may be eligible for other paid leave. Report such paid leave below:

NBA or HSPBA: Type of Paid Leave	# of Hours Paid Leave (A)	Hourly Rate of Pay (B)	Total Paid (A) x (B)
<b>Total Paid in the Month</b>			<b>(E) \$</b>

**4. TOTAL PAID EARNINGS IN THE CALENDAR MONTH:** (C) + (D) + (E) = \$ \_\_\_\_\_

**Comments** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **Date Completed** \_\_\_\_\_

**Prepared by** (please print) \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

This form is to be submitted to Canada Life as soon as possible following the end of the calendar month, to ensure the timely payment of LTD benefits.

Submit the form to one of Canada Life's offices:

- Vancouver DMSO: Suite #1500-1055 Dunsmuir Street, Vancouver, BC V7X 1K8 | Fax: 1.844.816.1038 | Email: [vancouver.dms@canadalife.com](mailto:vancouver.dms@canadalife.com)

- 
- Langley DMSO: Suite #500-19933 - 88<sup>th</sup> Avenue, Langley, BC V2Y 4K5 | Fax:1.844.569.3131 |Email: [langley.dmso@canadalife.com](mailto:langley.dmso@canadalife.com)
  - Calgary DMSO: Suite #1700 - 530 8 Ave SW, Calgary, AB T2P 3S8 | Fax: 1-877-486-7894 | Email: [calgary.DMSO@canadalife.com](mailto:calgary.DMSO@canadalife.com)