



Frequently Asked Questions (FAQ)

Coronavirus

FAQ for Group Insurance Policyholders and Intermediaries

Background: As of today, the Canadian Government has issued multiple travel advisories asking Canadians to avoid non-essential travel due to the coronavirus. This situation, combined with the spreading of the virus, raises many questions from plan members, policyholders and intermediaries. You will find below the answers to the most frequently asked questions related to group insurance coverage.

If a plan member is quarantined and contracts the coronavirus, will his travel insurance cover the medical expenses?

As long as there was no travel advisory from the Canadian Government in effect for all non-essential travel or all travel prior to departure, the medical expenses are covered.

In the event that an advisory was in effect at the time of his departure, the claims will be denied. Please note that this exclusion applies to most group insurance contracts.

The short-term disability benefits

All disability claims related to coronavirus will be treated on a case-by-case basis. SSQ Insurance's position may change as new recommendations from the public health authorities are issued and in effect at the time the claim is made.

Is an employee under quarantine eligible for short-term disability coverage?

A quarantine can be requested by health professionals or a public health authority representative. In such a case, SSQ Insurance would consider a 14-day quarantine period

as if it were a hospitalization period and apply the regular waiting period under your contract.

Do we need to provide all the documentation normally requested?

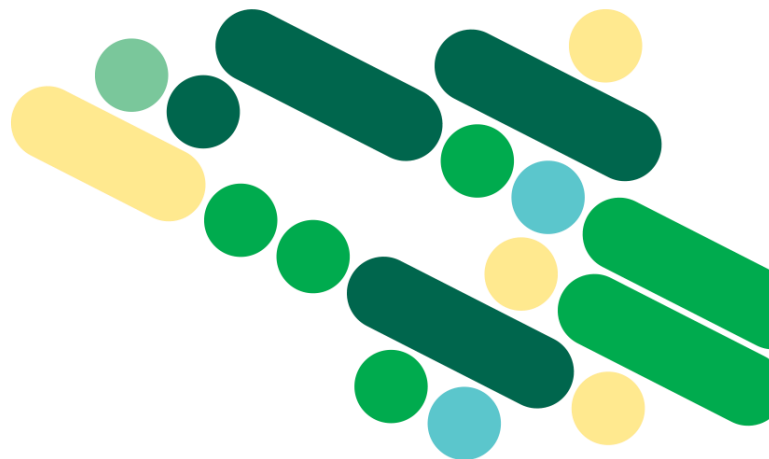
Although employee and employer statements will continue to be required, SSQ Insurance will accept the attached simplified form as medical information. Therefore, the employee can complete and return it with his claim by email to disabilitymanagement@ssq.ca.

Should the absence exceed 14 days, the attending physician statement normally required will be requested.

Please note that if an employee has no symptoms and is able to work from home during the quarantine period, he will not be considered disabled.



Consult the FAQ for plan members for more information
ssq.ca/en/coronavirus





Plan Member Confirmation of Illness Form

Please only complete this form if your absence is due to the novel coronavirus (2019-nCov)] symptoms or if you have a clinical diagnosis of the novel coronavirus.

In recognition of the increasing pressure on our medical clinics and hospitals due to the global health emergency, we will not, at the outset, require an Attending Physician's Statement as part of your Short Term Disability claim submission if your absence is due to novel coronavirus symptoms, a clinical diagnosis of the virus, or a quarantine order. This is a time limited exception as we move through the current situation.

In the absence of an Attending Physician's Statement, we require confirmation of your symptoms and any medical treatment you may have received for your condition. Accordingly, please complete and sign this form and return it with your Plan Member Statement to the appropriate Claims Office.

1. Please confirm: Date symptoms first appeared: _____ First day absent from work: _____
(dd/mm/yyyy) (dd/mm/yyyy)

2. Please indicate the symptoms associated with your illness:

- | | |
|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Decreased appetite |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Muscle aches | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Shortness of breath | |
| <input type="checkbox"/> Other _____ | |

3. Do you have any other health problems that might affect your recovery (e.g. diabetes, heart disease, respiratory illness)?

4. What event(s) led to the potential exposure (e.g., travelled to the affected region, exposed to someone who is infected)?

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- I'm following Public Health recommendations to stay at home.
- Who directed you to self-quarantine (Public Health, Physician, Other – indicate who)? _____
- Date(s) of medical consultation or date directed by Public Health to self-quarantine? _____
(dd/mm/yyyy)
- Name and phone number of medical authority/clinic/physician who instructed you to self-quarantine.
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5. Did you undergo a test for Coronavirus? If so, what were the results (positive, negative)? If test results not received, when are they expected? If not tested, why not?

When did the self-quarantine period start? _____
(dd/mm/yyyy)

When do you expect the self-quarantine period to end? _____
(dd/mm/yyyy)

When do you expect to return to work? _____
(dd/mm/yyyy)

When are you next seeing your physician? _____
(dd/mm/yyyy)

6. Can you work from home? Yes No

I certify that the statements in this form are true and complete and understand that further information may be required to validate my claim.

Name: _____ Phone #: _____ Cell #: _____

Signature: _____ Date: _____

Contract Number: _____ Member ID: _____

For more information on the novel coronavirus, go to the Public Health Agency of Canada's website at <https://www.canada.ca/en/public-health.html>