

Pile Drivers, Divers, Bridge, Dock & Wharf Builders Health & Welfare Plan

PO Box 24715, Stn. F, Vancouver, BC V5N 5T8 Phone: 604-419-2478 | admn@pac.bluecross.ca | pd2404.planoffice.ca

COVID-19 WEEKLY INDEMNITY CLAIMS Instructional Information for Members

- If you experience symptoms of COVID-19 or have a clinical diagnosis:
 - You should **not** attend the workplace.
 - A self-assessment tool is available at <u>https://covid19.thrive.health</u>.
 - Utilize support services through the medical system, and/or call the nurses line at 8-1-1.
- Contact the Union Office or Plan Office by phone or e-mail to initiate a WI claim:
 - Request that a claim form be e-mailed or mailed to you or print it directly off the Plan's website <u>http://pd2404.planoffice.ca/</u>.
 - Complete the Employee's Statement section of the claim form and include a statement that you are making a claim because you are experiencing COVID-19 related symptoms.
 Please ensure to provide your telephone number, e-mail address, and print clearly.
 - Submit the form directly to BC Life either by e-mail to <u>BCLife@pac.bluecross.ca</u> or mail.
- The Union Office will send the Employer Statement directly to BC Life by e-mail at <u>BCLife@pac.bluecross.ca</u>. You are not required to attend the workplace to have this section of the form completed.
- Once both statements are received by BC Life, the Plan Adjudicator will contact you by telephone and will e-mail or mail you a **"Plan Member Confirmation of Illness Form"** for your completion, if appropriate.
- Submit the completed "Plan Member Confirmation of Illness Form" to BC Life.

<u>Please note, form submission by e-mail is much preferred as there could potentially be</u> <u>delays with regular mail.</u>

- Under the present circumstances, upon approval of your claim, benefits will be payable from the 8th day of illness for a 14-day period.
- If your illness persists longer than 14 days, you will be required to provide additional medical evidence for consideration by BC Life in the adjudication of your claim.