



SUPPORTER OF YOUR

HEALTH



Practical guide

Your staff member is on long-term incapacity leave.

What now?

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Claiming occupational incapacity



My Global Benefits

- Info for staff member
- Forms

www.agemployeebenefits.be

- Info for employer
- Forms



Which forms?

- Claim report form
- Medical certificate
- Attestation of illness



Collect all documents and e-mail everything to rentehc@aginsurance.be

Claim acceptance process



✓ Claim **accepted**

? **Extra info required**

✗ Claim **denied**

After serving the waiting period, your staff member will collect **financial compensation**.

Your staff member will be **asked to provide additional info**, plus possibly sit for a medical examination.

Your staff member will receive a **letter outlining the reason for the denial**. If he disagrees, he can start an appeals process.

1. What does Income Care income protection insurance provide?

With Income Care, your staff members will have a **financial cushion (incapacity benefit) to fall back on every month on top of their statutory social security entitlements while they are on long-term occupational incapacity leave.**

The details and conditions applicable to this financial safety net can be found in the **insurance contract**. Your staff members can check the coverage via the [My Global Benefits](#) online platform.

2. How much are the incapacity benefits?

- ✓ If the **disability rating is greater than or equal to 67%**, your staff member will be entitled to **the full benefit amount stipulated in the insurance contract**, with the coverage level selected by your organisation.
- ✓ If the disability rating is **between 25% and 67%**, your staff member **will collect a certain percentage of the financial safety net**. For example, if your staff member has been assigned a disability rating of 50%, s/he will be entitled to half of the benefit amount.
- ✓ If the disability rating is **less than 25%**, **no coverage will be provided**.

3. How do you activate the financial safety net?

Does it look as if your staff member will be **unfit for work for more than 30 days**? Then it's best to activate the Income Care financial safety net as soon as possible. Your staff member can do this him/herself or, as the employer, you can take the initiative to report the incapacity for work.

Step 1: Collect the relevant documents

1 The [claim notification form](#) filled out by your staff member should be sent to AG. It contains the necessary individual details [for administrative purposes] to open up a case file.

✓ **Tip:** This form can also be used to report a hospital admission. If no hospital stay is associated with the occupational incapacity, the specific fields for hospitalisation may remain blank.

2 The [certificat médical](#), to be completed by your staff member's attending physician. This form is used to inform AG's advisory physician of the cause of the occupational incapacity [illness or accident] as well as the assigned disability rating.

3 The **attestations of incapacity for work** [copies] issued by your staff member's attending physician.

The claim notification form and the medical certificate template can be found on our website: agemployeebenefits.be/en/forms

Your staff members can also download these forms themselves via [My Global Benefits](#).

Tip: Have staff members entitled to **an extension of their incapacity leave? If so, they should send in the attestations justifying the extension** [copies] as soon as possible. Preferably by e-mail, including the reference for the case file. This way, they can be sure to receive their incapacity benefits on time, at the end of each month.

Step 2: Send the documents to AG

By e-mail: rentehc@aginsurance.be

Or send the documents **via ordinary mail** to:

AG Insurance
Claims, Corporate Income Care
53 boulevard Emile Jacqmain
1000 Brussels

Do you or your staff members have questions?

We can be reached by phone on 02 664 06 30.

What about supplementary pension and death benefit coverage?

Once you are no longer paying out a salary to a staff member on occupational incapacity or disability leave, contributions to the group insurance plan will cease and entitlement to the covers as well. In other words, no further contributions will be made to the supplementary pension and no death benefit coverage can be claimed.

But if you offer **waiver of premiums coverage**, you'll give your staff members peace of mind. This coverage will credit premiums to the group insurance plan, which means that the same supplementary pension and death benefit coverage will continue to apply.

If your plan includes this coverage, it will be activated when you report the occupational incapacity.

4. How does the claim acceptance process work?

Upon receipt of the above documents, the AG medical department will review the information and assess whether to take on your staff member's occupational incapacity claim.

In most cases, the **claim will be accepted based on the information we receive**. The incapacity benefit will then be paid out to your staff member each month, once the waiting period has been served and according to the calculation specified in the insurance contract.

There are two possible scenarios which will lead to the claim being denied:

- 1 The claim **cannot be accepted** based on the information received [e.g. "excluded risk", "disability rating <25%", etc.]. In this case, we will notify the claimant of the decision directly. You, the employer, will also receive a letter from AG announcing the decision [with no further information, in compliance with the privacy legislation].
- 2 We are unable to assess the claim based on the information received. In this case, AG will contact the claimant directly to request additional information, or s/he may be asked to undergo a medical examination. Afterwards, we will notify your staff member with the final decision as to whether or not we will take on the claim.

What if your staff member does not agree with AG's decision to deny coverage? The options available to your staff member are detailed in Section 6.

5. Can AG appoint an occupational health advisor?

While a staff member is off on extended incapacity leave, AG may wish to obtain additional information. In such a case, the incapacity recipient will receive an invitation in the mail to go see an independent occupational health advisor. Your staff member's specific ailment and place of residence will determine which physician is assigned to the case.

The purpose is for this doctor to have **the most thorough and objective** view of your staff member's medical condition. During the **consultation**, your staff member may be asked to complete a questionnaire or to undergo medical testing. What is expected during the medical consultation will also be outlined in the letter.

Based on this doctor's findings and the medical report s/he presents to AG, one of the following **scenarios** will happen:

- 1. the incapacity benefit will continue to be paid**
- 2. payment of the incapacity benefit will be terminated**
- 3. the size of incapacity benefit will be modified (e.g. increased or decreased)**

Both you and your staff member will be informed of the decision in writing.

6. Is the occupational health advisor's opinion binding?

If **your staff member does not agree** with the second opinion provided by the AG-appointed occupational health advisor and the resulting decision, there are two possibilities:

1. **a formal appeals process** can be initiated to reverse the decision, based on new medical information added to the case file
2. **an amicable medical assessment (AMA)** if your staff member still does not agree with the outcome after the second opinion

Formal appeals process

Your employee adds **new medical information to his/her case file** that AG does not yet have on record. This includes recent medical reports, examination results, evidence of ongoing treatment, etc. The occupational health advisor appointed by AG will thoroughly re-analyse the case file taking the additional medical information into account, and then issue a new report with the decision.

Any medical **expenses will be charged to your staff member**. It is therefore in his/her best interest to ensure that the medical case file is as complete as possible at the start of the occupational incapacity.

As long as the decision is still being questioned, your staff member's monthly incapacity benefit will be based on the disability rating set by the AG-appointed physician. If, based on the outcome of the appeal, the incapacity benefit recipient is entitled to a higher amount, payment will **apply retroactively**.

Amicable medical assessment

If your staff member still does **not agree with the decision** even after the AG-appointed occupational health advisor has issued his/her findings, s/he has the right to request an Amicable Medical Assessment (AMA).

To initiate an AMA, your staff member will need to **find a medical practitioner to defend the case** and enter into discussions with the AG-appointed occupational health advisor. In most cases this is his/her attending physician, but can also be another doctor.

How to initiate an AMA?

- 1 Your staff member's doctor must provide AG with a **written statement** indicating that s/he will take on the patient's defence.
- 2 After receiving this document, AG will send an **AMA agreement** to your staff member to be signed and returned to us.
- 3 Upon receipt of the signed agreement, AG will instruct our advisory physician to initiate the **AMA procedure**. AG's doctor will contact your staff member's attending physician to set a date for the first AMA hearing/meeting.

Before effectively starting the AMA, both physicians will first jointly designate a **neutral physician** based on the specific area of expertise. If no agreement can be reached between the two doctors, it will be up to this third neutral physician to make the final decision in the dispute between the parties.

Each party will be responsible for the medical **expenses and fees** for its own doctor. The costs for the third physician and any additional examinations will be covered by both parties, with each paying for half.

While the amicable medical assessment is ongoing, the monthly incapacity benefit will be paid based on the disability rating set by the AG-appointed physician. The final decision will **apply retroactively**.



7. Have specific questions?

This guide presents the general framework for reporting an occupational incapacity. Certain contracts may, however, have different terms. If you cannot find an answer to your specific question, please contact **your account manager** or our **Income Care department**.

The Income Care department is responsible for answering calls about claims and providing information about your corporate-sponsored group plan. They can be reached from Monday to Friday, **8:00 a.m. to 4:45 p.m.** They will be happy to answer your questions in your preferred language (English, French or Dutch).

E-mail: rentehc@aginsurance.be

Tel.: 02 664 06 30

