

# Civil Service Superannuation Fund

## Application for Superannuation Disability Allowance

A superannuation disability allowance is a monthly allowance that may commence before the plan's regular retirement ages if a qualifying Permanent Disability prevents an eligible member from working.

### Who is eligible?

You can apply for a Superannuation disability allowance if you are prevented from working due to a Permanent Disability and:

- You are an employee or deferred member,
- You have ten (10) or more years of qualifying service,
- You are under age 60 and your age and qualifying service total less than 80, and
- You have not commenced your pension.

### How do I apply?

Please complete and submit page 3 of this document to our office. It's important the disability allowance application is filed with the Board in a timely manner.

### What is the process?

- You will receive a letter confirming receipt of the disability allowance application.
- Disability allowance forms will be provided for completion. These forms and supporting documents can be submitted to our office in advance of knowing the outcome of your application.
- Our office will request a medical report from your Attending Physician. You are financially responsible for this report.
- The Board at its expense will obtain reports from one or more Consulting Specialists.
- We will also request a report from your employer concerning your work duties.
- The Board will review your application and all relevant medical reports and advise you of the decision by letter.

### Are there different classifications of disability?

The Board determines your eligibility for a disability allowance and the classification (Total or Partial) based on medical information provided by your physician(s) and other selected medical specialists.

- **Permanent Disability:** A permanent disability, in relation to a partial disability or total disability, means prolonged, in the sense that the disability is likely to be long continued and of indefinite duration, or likely to result in death.
- **Total Disability:** A total disability allowance would be granted where the Board has determined that you are unable to do any substantially gainful work based on your education and experience.



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- **Partial Disability:** A partial disability allowance would be granted where the Board has determined that you are unable to work in your own position, based on age, education and experience, despite that you may be able to work, even on a full-time basis, in a different position.

### How much would I receive?

- If you are granted a Superannuation disability allowance, you will receive a monthly payment based on the pension plan formula, which includes your years of service and earnings to your effective date.
- A Total disability allowance is equal to the pension accrued to the effective date.
- A Partial disability allowance is equal to the pension accrued to the effective date less a reduction based on age and service. Partial disability benefits are reduced to the same extent as early retirement benefits.

### How long is the disability allowance paid?

A Superannuation disability allowance is only payable if:

- 1) **You are an employee** who has been approved for benefits under an eligible Long Term Disability (LTD) program, **OR**
- 2) **You have ceased to be an employee** and provide a Notice of Disability Retirement.

**Employee:** If you are an employee approved for Long Term Disability (LTD) benefits, you are deemed not to have retired under *The Civil Service Superannuation Act* except for the sole purpose of applying for and being granted a Superannuation disability allowance. Under this arrangement, the Board is only authorized to pay your disability allowance during the time that you are approved for LTD benefits.

**Ceasing to be an employee:** Should LTD terminate or not approve your claim, the Board is only authorized to pay the disability allowance if you cease to be an employee and provide a formal Notice of Disability Retirement.

**Duration of Superannuation disability allowance payment:** Payment of the disability allowance continues until: your LTD benefits end; you return to work; you no longer meet the definition of disability; you are eligible for your unreduced pension, or death.

**Questions?** The Board's staff is available to provide information and answer questions about the plan and your entitlements. The Board's staff can be contacted by:

Mail: The Civil Service Superannuation Board  
1200-444 St. Mary Ave.  
Winnipeg MB R3C 3T1

Phone: 204-946-3200 or Toll Free (Canada): 1-800-432-5134

Fax: 204-945-0237 E-mail: askus@cssb.mb.ca

Web Page: [www.cssb.mb.ca](http://www.cssb.mb.ca)

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*The material provided in this Fact Sheet is intended to summarize information on a general basis only and does not replace getting specific information relevant to your personal situation or circumstances.*



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## Application for Superannuation Disability Allowance

Name \_\_\_\_\_ Emp# \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Spouse/ \_\_\_\_\_ Date of Birth of Spouse/ \_\_\_\_\_  
 Common-law partner (if applicable) Common-law partner

Employer \_\_\_\_\_ Department \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Nature of Disability \_\_\_\_\_

Attending Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Fax # \_\_\_\_\_

Specialist (if applicable) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Fax # \_\_\_\_\_

Specialist (if applicable) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Fax # \_\_\_\_\_

*I hereby make application to the Civil Service Superannuation Board for a disability allowance and I **authorize the Board to obtain any medical report(s) relevant to my disability.** I acknowledge that any medical report(s) relevant to my disability may be used for the purpose of supporting an application for waiver of insurance premiums. I understand that I may be examined by one or more doctors selected by the Superannuation Board who will submit medical reports to the Board.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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