

By-law No. 4

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# **TORONTO TRANSIT COMMISSION SICK BENEFIT ASSOCIATION**

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## **BY-LAW NUMBER 4**

**A By-law to provide  
sick benefits to eligible Members  
of the Association**

## **BY-LAW NO. 4**

A By-law to provide sick benefits to eligible Members.

BE IT ENACTED by the Members of Toronto Transit Commission Sick Benefit Association as a by-law as follows:

### **SICK BENEFITS**

#### **Section 1 – WHEN SICK BENEFITS PAYABLE**

(1) Save as hereinafter provided, the Association will pay a sick benefit of 75% of the base rate of a disabled Member at the commencement of each separate period of absence for which the Member qualifies for sick benefits, based on a seven-hour day for those on a 35-hour week and an eight-hour day for those on a 40-hour week. Benefits will be paid to an eligible Member who is disabled and prevented from working as a result of covered sickness or accident for which the Workers' Compensation Board of Ontario does not award compensation pay. In the event that Workers' Compensation Board delays rendering its decision for payment of the occupational injury, the Member may make application for payment of benefits from the Association in the form of advances. In the case of a 3rd party claim, a Member may be eligible for S.B.A. advances upon submission of the signed Election to Claim Compensation form. Advances may only be granted upon receipt of a duly signed Sick Benefit Association Direction form in compliance with the Association's By-laws.

When an employee becomes ill after reporting for work, he/she will be entitled to sick pay from the Association for the difference between seven hours for those on a 35-hour week and eight hours for those on a 40-hour week, and the numbers of hours actually worked, if a doctor's certificate is supplied. Such absence will count as an incident in determining sick pay eligibility but will not count as a disqualification for statutory holiday.

Effective September 9, 1987

(2) Sick benefits will commence on the first work day of disability resulting from accident or in cases of illness which continues for ten work days or longer.

For disabilities resulting from illness under 10 work days, no waiting period will be imposed on a Member who makes proper application with a completed medical certificate thereon, in the first two incidents in a calendar year. For the third and subsequent incidents of illness in a calendar year, the first day will be deducted.

A work day for the purpose of the By-law shall be defined as a day on which a Regular Member would normally have been required to work, but shall not include vacation nor off days on which an Hourly-rated Regular Member volunteers to work, nor Statutory Holidays for which the Member received wages.

(3) For all disabilities, sick benefits normally shall be payable for a maximum period of up to 130 work days for any one disability, effective January 1, 1986. Members who are age 65 or older shall be limited to 130 work days of benefits in any 12 month period. Commencement of such 12 month period shall not be prior to the date on which the Member attains age 65.

Members absent and eligible for benefits during November and December each year will receive no benefits unless they have taken their current year's vacation.

- (4) (a) A Member to qualify for sick benefits, must be under the care of and follow the instructions of a licensed medical practitioner during the period for which application for benefits is made.

To qualify for benefits from the first day of disability, a Member must be under the care of i.e., seen, clinically assessed and treated within two days following the first date of disability claimed by a licensed medical practitioner.

In the event that a Member's disability commences the day preceding a statutory holiday or on a statutory holiday and/or weekend, payment for this period will be made provided they are clinically assessed by a licensed medical practitioner on the first day following these said periods.

Doubtful cases may be referred to the Board for whatever disposition it deems fit. The attending licensed medical practitioner must certify to the reason for and the extent of the disability of the Member on the proper claim form of the Association before benefit payment will be made. Notwithstanding the foregoing, certification by licensed dentists will be accepted for disabilities arising from dental conditions. Also certifications will be accepted for periods not in excess of three weeks in any 12 month period for chiropractors, chiropodists, podiatrists, or osteopaths who are recognized by O.H.I.P. Periods in excess of three weeks will be accepted if accompanied by a referral statement signed by a licensed medical practitioner.

Effective January 27, 1993

- (b) Benefits may be paid for up to one half day due to time lost by a Member for tests and examinations if ordered by a medical doctor and supported by proper application and medical certification. Payment of benefits beyond the one half day will be made only if the effects of such tests and examinations prohibit the employee from performing either regular or other duties and must be supported by medical certification.

Effective September 9, 1987

(5) A Member to qualify for sick benefit payments while receiving medical care outside Canada, must:

- (a) receive medical treatment in an approved hospital (i.e. approved hospital as defined by the Ontario Health Insurance Plan) or be seen by and receive medical treatment from an approved licensed medical practitioner for whom the Ontario Health Insurance Plan has paid part or all of the medical fee,
- (b) provide medical certification of disability on the hospital's recognized Medical Certificate or formal document from the respective country, or provide from O.H.I.P. written proof that they have accepted and made payment in part or all of the medical fee from the practitioner,
- (c) provide a Medical Certificate signed by a practitioner stating the disability, diagnosis, treatment, duration, and the Member's name and date of birth,
- (d) obtain, at the Member's own expense, a certified translation of any documents substantiating the Member's claim for benefits.

Effective July 1, 1986

## **Section 2 – HOW OFTEN SICK BENEFITS PAYABLE**

(1) Sick benefits will be paid for as many separate and distinct periods of disability as may occur. The decision of the Board shall be conclusive as to whether or not any periods of disability are separate and distinct.

If, however, following a period of disability during which the Member was in receipt of or eligible for sick benefits, a Member resumes work for a continuous period of thirty calendar days or more, any subsequent disability resulting from or contributed to by the same cause or causes shall be considered a new disability. If the said period during which the Member resumes work is less than thirty calendar days, such subsequent period of disability shall be deemed to be a continuation of the same disability, utilizing the same base rate in effect during the preceding portion of the claim including any appropriate general adjustment in order to determine the rate of benefit payments from the Association.

Effective October 22, 1986

(2) (a) A Member to qualify for benefits must be too ill or too disabled to work for the full period for which such benefits are claimed.

(b) A Member who does not report for work shall report the reason for absence to their local department office within 24 hours. Any such Member who is absent from work without permission may be disqualified from receiving any benefits for the full period of absence.

(3) Except as provided by the Employment Standards Act, sick benefits shall not be payable to any Member for any period during which the Member is on pregnancy leave.

## **Section 3 – WHEN SICK BENEFITS NOT PAYABLE**

(1) Sick Benefits shall not be payable to any Member for:

(a) any period for which the Member is in receipt of wages or vacation pay from the Commission,

(b) for any disablement resulting directly or indirectly from any treatment or surgery for cosmetic or beautification purposes, or from injury or illness which is self-inflicted or induced.

(2) In the event of a general cessation from work, sick benefits being paid prior thereto shall be continued. New claims which arise during the period of cessation shall not be payable to the Members involved.

## **Section 4 – NEW PERIOD OF DISABILITY OR RECURRING DISABILITY (Long Term Disability Benefits)**

(1) A Member who is in receipt of long term disability benefits and who subsequently returns to work on a full time basis is not eligible for sick benefits unless the following conditions are met:

(a) the subsequent disability is separated from the immediately preceding disability by 130 work days or longer of full time continuous employment, or

(b) the subsequent disability is due to an injury or illness entirely unrelated to the causes of the immediately preceding disability.

## **Section 5 – WHEN DISABILITY ARISING IN OTHER EMPLOYMENT**

A member who sustains a disability as a result of sickness or accident arising during the course of other employment, shall first seek recovery of benefits from or through the other employment, including benefits from the other employer, or other employer's association, insurer, Board or agency. If the Member is entitled to an award of compensation paid from the Workers' Compensation Board of Ontario relating to the disability, no sick benefits are payable by the Association.

If the Member is entitled to benefits relating to the disability from or through the other employment, the Association shall deduct the amount of these benefits from the benefits otherwise payable by the Association pursuant to these by-laws, and the Association shall pay the balance only, if any, to the Member.

In the event that the Member fails to comply with the by-laws and regulations pursuant to these by-laws regarding other employment, the Association shall pay no benefits to the Member.

Effective October 4, 1990