



Desjardins-NSFM Early Assistance Program Process

1. As soon as the Employee has been absent from work for **10 days**, the Plan Administrator/Employer will complete the Early Assistance Program Form

*Note: The Certificate # will be DIVISION # + DOB (**DIVYYMMDD**)



GROUP INSURANCE - DISABILITY CLAIMS

Life • Health • Retirement

EARLY ASSISTANCE PROGRAM

Nova Scotia Federation of Municipalities (NSFM) – 140845

Please send via our secure link or by fax:

[desjardinslifeinsurance.com/send](https://www.desjardinslifeinsurance.com/send)

1-844-409-6571

Date

From

EARLY ASSISTANCE – POTENTIAL LTD CLAIM – Please provide the following information.

Last and first name of the employee		Date of birth	YY-MM-DD
Address of the employee			
City	Province	Postal code	
Phone No. ()			
Division No.	Class No.	Certificate No. = DIV - YYMMDD	
Type of employment	Occupation		
Hiring date	YY-MM-DD	Effective date of coverage	YY-MM-DD
Pre-disability annual salary	Salary	Salary effective date	
YY-MM-DD		YY-MM-DD	
Last day worked	Total hours worked per week		
YY-MM-DD	YY-MM-DD		
Date of disability	LTD expected date		
YY-MM-DD	YY-MM-DD		

PRINT NEW REQUEST

2. Send the completed Early Assistance Form via our secure link **or** by fax:

Secure Link: www.DesjardinsLifeInsurance.com/Send

Fax: 1-844-409-6571

3. Advise the Employee that an Early Assistance Specialist from Desjardins will be contacting them
4. Wait for an update from the Desjardins Early Assistance Specialist (Colin Wicks)