



You have a staff member
on long-term sick leave.

**What do you
need to know?**

Supporter of
your life



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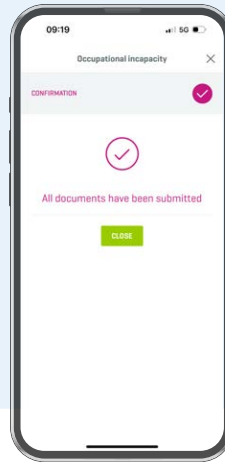
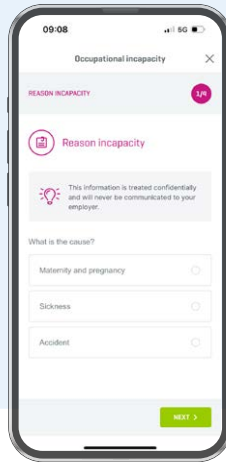
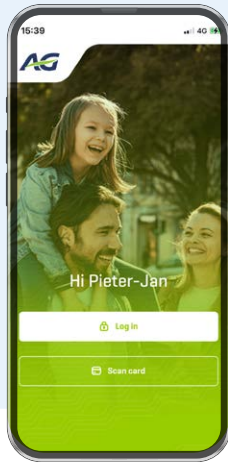
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Reporting an occupational incapacity

Quick and easy via the MyAG Employee Benefits app

Your staff member:

1. Opens the app
2. Completes the declaration in just a few clicks
3. Immediately receives an acknowledgement of sending



Documents your employee will need

- ✓ The medical certificate of AG
- ✓ Medical attestations issued by your employee's doctor

These forms are easily accessible and downloadable from the app.

More info

MyAG Employee Benefits:

- ✓ Information for employees
- ✓ Forms

www.ag.be/employeebenefits

- ✓ Information for yourself
- ✓ Forms

Review of the claim



Claim accepted

Once the waiting period has been served, your staff member will collect a replacement income.



Additional information required

Your staff member will be asked to provide additional information and may have to sit for a medical examination.



Claim denied

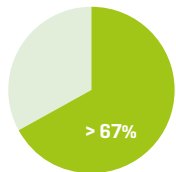
Your staff member will get a letter explaining why the claim was denied. A dispute resolution procedure can be initiated if the staff member disagrees with the decision.

1. What are the benefits of Income Care income protection insurance?

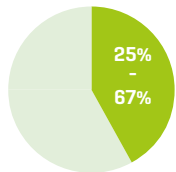
Income Care pays out a **monthly replacement income** (disability benefit) to top up the compensation payable by the Sickness Fund while your staff member is on long-term sick leave.

You will find the details and the applicable, terms and conditions for this financial safety net in the **insurance contract**. Your staff members can check their coverage online via the [MyAG Employee Benefits](#) platform.

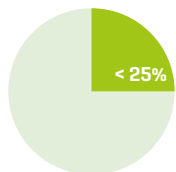
2. How much does the insurance pay out for long-term sick leave?



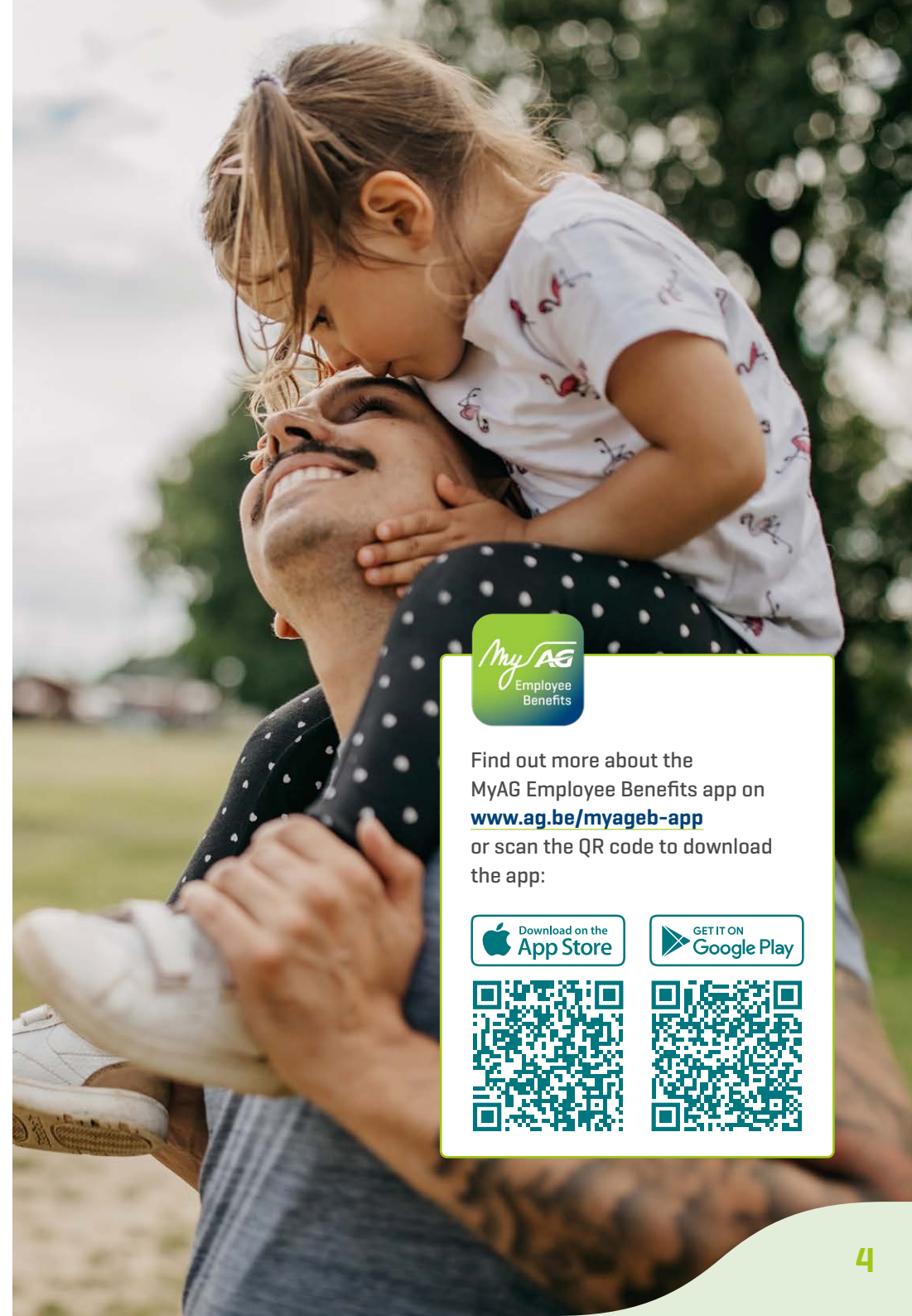
If the **disability rating is 67% or higher**, your staff member will be entitled to **100% of the benefit amount** specified in the insurance contract for the coverage selected by your organisation.



If the disability rating is **between 25% and 67%**, s/he will collect **a portion of the benefit amount**. For example, if your staff member has been assigned a disability rating of 50%, s/he will collect half of the benefit amount.



If the disability rating is **below 25%**, no replacement income can be claimed.



Find out more about the MyAG Employee Benefits app on www.ag.be/myageb-app or scan the QR code to download the app:



3. How do I activate the financial safety net?

Are you expecting your staff member to be off sick for **longer than the waiting period specified** in your contract?

In this case, it's best to activate the Income Care financial safety net as soon as possible. Ideally, your staff member should fill out the claim form and send in all of the documents together so that we have a complete case file:

Step 1: Collect the necessary documents

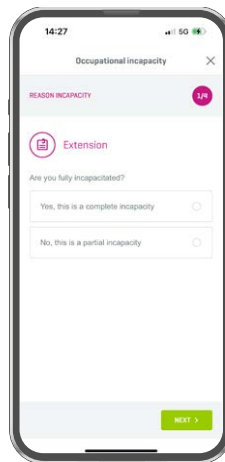
1. The [medical certificate](#) issued by your staff member's attending physician. This form provides AG's advisory physician with the reason for the occupational incapacity (illness or accident) and the disability rating.
2. **Medical attestation[s]** (copies) issued by your staff member's attending physician.

The occupational incapacity claim form and medical certificate template are available in the app and on our website: <https://ag.be/employeebenefits/en/forms>.

Your staff members can also download them themselves via [MyAG Employee Benefits](#).

- **Tip:** If your staff member needs to extend his/her sick leave, it's important for him/her to send us the medical certificates extending the sick leave as soon as possible via the button 'Extend a period of occupational incapacity' on MyAG Employee Benefits.

- **Note:** disability benefits will be taxed at a rate of 22.20%. As this rate is very low, it may have consequences when calculating income tax.



Step 2: Send the documents to AG

In just a few clics via [MyAG Employee Benefits](#).



Does your employee not have all the required documents yet?

No problem: s/he can already submit the occupational work claim in the app and send the missing documents later using the 'Add missing documents' button.

What about supplementary pension plan contributions and death benefit coverage? Add waiver of premiums coverage to your plan!

If your staff member is unable to work due to an occupational illness/accident or a disability and is no longer collecting a salary, contributions to the group insurance plan and entitlement to the associated benefits will also be discontinued.

In other words, no savings will be set aside for the supplementary pension and the death benefit coverage will no longer apply.

By adding **waiver of premiums coverage** to your plan, you can easily relieve your staff member of these worries. Contributions will continue to be credited to the group insurance plan, which means that the supplementary pension will continue to accrue and any death benefit coverage will remain intact.

If you have included this coverage in your plan, it will automatically be activated when you report the occupational incapacity.



4. How does a claim get accepted or denied?

Once we receive the necessary documents, AG's medical department will review and assess your staff member's incapacity claim.

In most cases, **the claim is accepted based on the information provided.**

The disability benefit is then paid out monthly to the staff member in question once the waiting period has been served and in accordance with the calculation specified in the insurance contract.

There are two reasons why a claim can be denied:

- 1.** The claim is **denied** based on the information provided (for example: 'excluded risk', 'disability rating < 25%', etc.). This decision will be communicated directly to the person in question. AG will also send you a letter to notify you of the decision (without any additional information, in accordance with the applicable privacy legislation).
- 2.** The claim **cannot be assessed based on the information provided.**
In this case, AG will request additional information directly from the person in question. A medical examination may also be required. We will then notify your staff member of the final decision.

What if your staff member contests AG's decision to deny the occupational incapacity claim? Chapter 6 lists the options available to your staff member.

5. Can AG appoint an advisory physician?

While a staff member is off on long-term sick leave, AG may wish to obtain additional information. In this case, your staff member will be invited by letter for a consultation with an independent advisory physician.

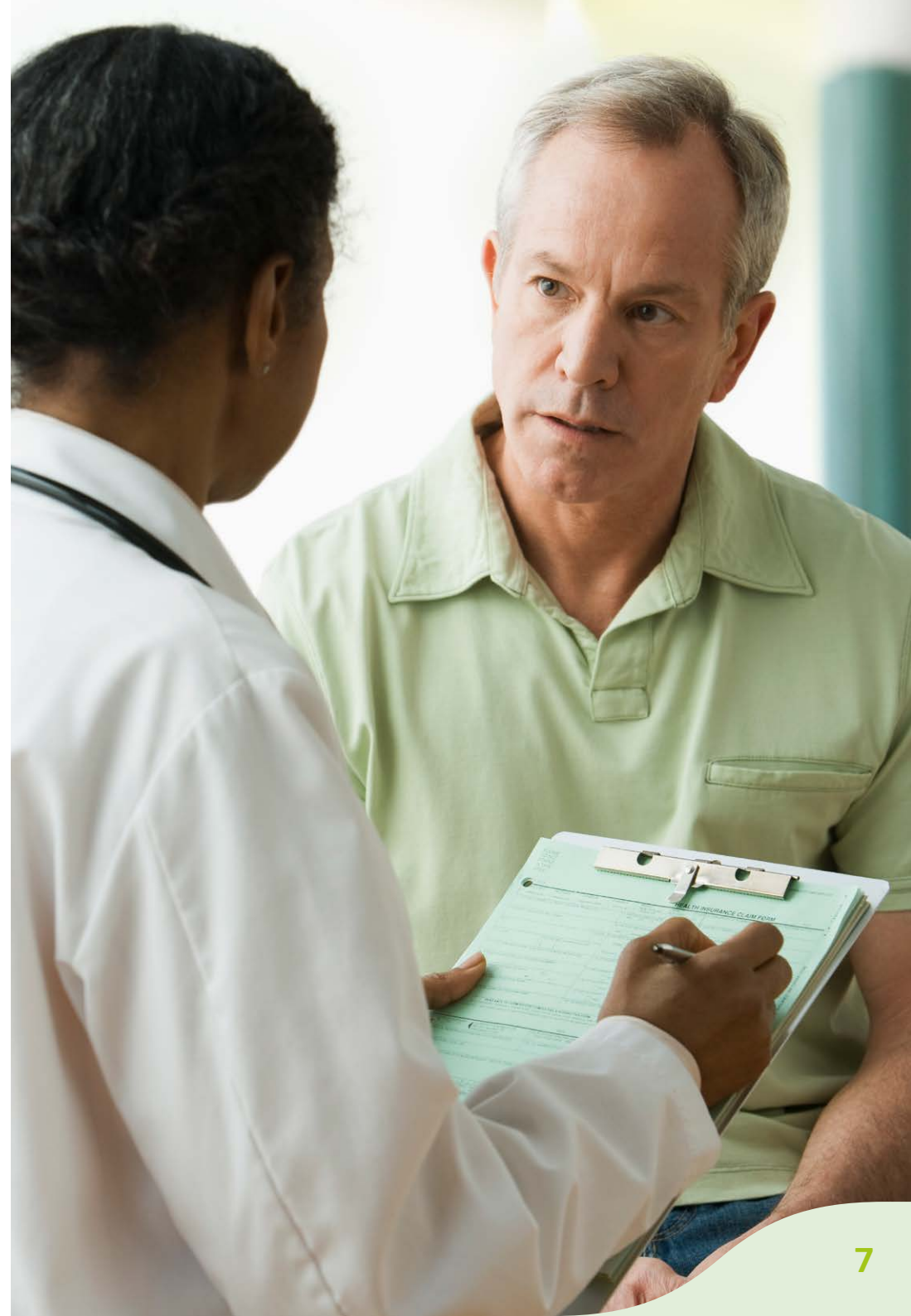
This physician will be selected based on your staff member's ailment and place of residence.

The aim of the advisory physician is to get **a complete and objective picture** of your staff member's state of health. Your staff member may be required to fill out a questionnaire or sit for medical examinations during the **consultation**. The letter will also specify what to expect during the medical consultation.

Depending on the results and the medical report drawn up by the advisory physician, there are several possible scenarios:

1. AG continues to pay out the benefits
2. AG ceases paying out the benefits
3. AG revises the benefit amount [increase or decrease]

You and your staff member will be notified in writing.



6. Does the advisory physician have the final say?

If **your staff member disagrees** with the decision of AG's advisory physician, s/he has two options:

1. **a dispute procedure** where new medical information is added to the case file.
2. **an out-of-court medical expertise (OME)** if your staff member still disagrees with the decision after contesting it.

Dispute procedure

Your staff members adds **new medical information that AG has not yet seen to his/her case file**. This includes recent medical reports, test results, evidence of ongoing treatment, etc. AG's advisory physician will carry out another in-depth analysis of the case file taking the additional medical information into account, and will draw up a new report.

It is therefore in his/her best interest to ensure that his/her case file is complete from the start of his/her occupational incapacity. While the dispute is in process, your staff member will collect a replacement income based on the disability rating set by the AG physician. The decision will apply **retroactively** to any additional payments.

Out-of-court medical expertise

If your staff member disagrees with the decision made by AG's advisory physician **at the end of the dispute procedure**, s/he can initiate an out-of-court medical expertise (OME).

For an OME, your staff member must find a medical doctor willing to take on his/her defence and who agrees to discuss the case with AG's advisory physician.

In most cases, this will be the patient's GP, but s/he may also ask another doctor.

How is an OME initiated?

1. Your staff member's doctor must provide AG with a **written agreement** stating that s/he will take on the defence of his/her patient.
2. After receiving this document, AG will send your staff member an **OME agreement** to sign and return to us.
3. Upon receipt of the signed agreement, AG will instruct its advisory physician to initiate the **OME procedure**.
AG's physician will then contact your staff member's designated doctor to arrange a date for an initial OME session/meeting.

Before formally starting the OME, the two doctors will jointly appoint a third **impartial doctor** depending on the area of expertise. If the two doctors subsequently fail to reach an agreement, this third impartial doctor will have the final say in the dispute between the parties.

Each party will be **responsible for their own doctor's fees and medical expenses**. The costs of the third doctor and any additional examinations will be payable by both parties, each on a 50-50 basis.

While the out-of-court medical expertise is in process, the replacement income will be paid out based on the disability rating assigned by AG's physician. The final decision will be applied **retroactively**.

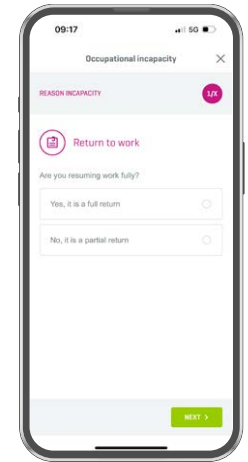


7. End of sick leave and return to work

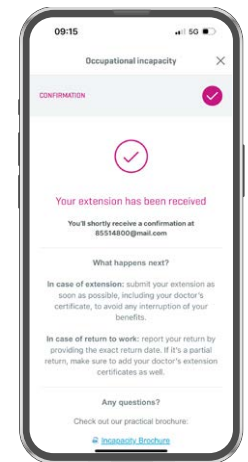
1. In the event of a **return to work on a full-time basis**, it's important for your staff member to notify us of the start date via the button 'Report a return to work' on MyAG Employee Benefits.



This way, we can update his/her details and make sure that all of the information is accurate.



2. It's also important for your staff member to notify us as quickly as possible if s/he is returning to work **on a part-time basis** using the 'Extend a period of occupational incapacity' button in MyAG Employee Benefits. It's also important for your employee to always attach the extension certificates issued by the treating doctor.



8. Return to Work

Recovering from **burnout** or a **stress-related mental disorder** can be quite an ordeal. That's why AG also offers **proactive, individually-tailored support** delivered by a network of specialised external partners: **Return to Work**.

Return to Work is a multidisciplinary programme designed to support employees with a mental disorder at every stage of their recovery process, with the aim of **getting them back to work safely and successfully**.

The programme takes their specific needs into account. It is offered proactively, and participation is on a purely **voluntary basis**.

This offer is **entirely covered by AG** and participation is **on a voluntary basis**. Be sure to check the MyAG Employee Benefits app to find out whether Return to Work is one of the benefits included in your corporate plan.

The programme is divided into three phases:

Medically proven three-step approach



Recovery

Recharging batteries via a combination of psychotherapy, relaxation therapy and physical exercise



Reactivation

Individual analysis followed by a boost in competences



Reintegration

Gradual return to work, with the necessary adaptations and relapse prevention

As additional support, AG developed **My Mind**, a mental health service that gives your staff members the tools they need to boost their mental well-being and resilience. This service offers scientifically proven self-care tools.

In addition, for immediate help and advice on mental well-being issues, your staff members can talk to a counsellor via the **Safe2Talk** helpline and get referrals to appropriate professional help if necessary.

My Mind by AG is included as a standard feature in AG's healthcare and supplementary pension plans (with the exception of plans that offer Waiver of Premiums coverage only) and is easily accessible via **the MyAG Employee Benefits app**.



Maximising your chances of success:

For maximum efficacy, it's important to get treatment started quickly. Staff members on occupational incapacity leave are asked to send AG their complete claim file (the 3 documents mentioned above) **at the start of their sick leave** (no need to wait until the waiting period has been served, as is the case for a physical ailment).

The return-to-work partner will then contact each of them directly by telephone to make them an offer, which the staff members are free to accept or reject. Research shows that early intervention leads to better outcomes.

9. Do you have specific questions?

The above guide describes the general framework applicable to reporting an occupational incapacity claim. Some contracts may have different features and require different steps. If you cannot find an answer to your specific question, please contact **your account manager** or our **Income Care department**.

Our Income Care department is responsible for taking calls about reporting an occupational incapacity claim and the next steps.

We can be contacted on +32 2 664 06 30 on weekdays from 9:00 am to 12:00 pm and from 2:00 pm - 4:00 pm.

In addition, your staff members can communicate with us in their preferred language [French, Dutch or English].

