

Summary of CF Programs and Services for Ill or Injured CF Members

Draft

1.0 Purpose

This document provides a summary of the Canadian Forces (CF) programs and services available to CF members who become ill or injured with a focus on physical, mental and social health. It is not intended to provide a summary of programs that focus on financial benefits and support.

Much of the material presented in this document was sourced from the current web sites of the Department of National Defence and Veterans Affairs Canada.

2.0 Canadian Forces Health Services

The mission of the Canadian Forces Health Services (CFHS) group is to provide full spectrum, high quality health services to Canada's fighting forces wherever they serve.

Given the exclusion of CF members under the Canada Health Act and the responsibilities of the Defence Minister under the National Defence Act, the CFHS Group constitutes a comprehensive health system to promote, protect, and restore the health of Regular and full-time Reserve CF members. In partnership with allies, civilian partners, the CF chain of command, and individual CF patients, it provides medical, dental, public health, occupational health, educational, regulatory, research, administrative, and advisory functions and services. It also fulfils command and control, operational planning, and other operational support functions by virtue of its mission to provide health service support to shield and sustain military operations.

The CFHS Group consists of 43 units at 77 military installations across Canada, and commands over 6000 military and civilian professionals distributed from the strategic headquarters level down to the lowest deployed tactical manoeuvre unit.

The following is an overview of the programs and services available to CF members. These programs and services are seen as the clinical component of the care of the ill or injured.

2.1 Physician Services

Physician services to include:

- diagnosis and treatment of any illness or injury, to the full extent required,
- counseling with regard to health promotion and preventive medicine,
- surgery,
- administration of anesthesia,
- obstetrical care, including pre- and post-natal care, and
- administration of immunizations;
- completion of required documentation in support of CF members

2.2 Hospital Services

This benefit provides reimbursement for reasonable and customary charges for hospital confinement in a general or specialized hospital, as required, including:

- coverage for any service provided by a duly registered hospital in Canada, including out-patient facilities and diagnostic fees normally charged to the provincial authority; and
- semi-private hospital accommodation whenever available and compatible with the clinical condition. This applies to all CF members irrespective of rank.

2.3 Ambulance Services

Emergency ground and air ambulance services, as the clinical situation and availability dictate. With prior approval, patient transfers by ground or air ambulance are included. Inappropriate ambulance use may result in cost recovery action;

2.4 Addiction Counseling and Treatment

Out-patient and residential addiction counseling and treatment programs when prescribed by an attending physician including:

- assessment by a physician and/or a specialized counselor, as authorized by the HCC, at the request of the patient or of the military supervisor, to determine the presence of addiction/substance abuse concerns and to determine the required treatment, as well as any supportive counseling and/or detoxification that may be required prior to treatment. This may also involve family members and co-workers/supervisors,
- formal in-patient treatment programs involving individual, group and family therapy/education sessions,
- early intervention groups for counseling, for those not requiring the in-patient program, and
- follow-up sessions for a minimum of one year after treatment, on a weekly basis, with the referring physician and/or addiction counselor. Such sessions to be in a group setting with individual counseling, as necessary;

2.5 Social Work Services

- assessment interviews including screening for isolated or unaccompanied postings, compassionate request assessments, intake assessments, psychosocial assessments,
- counseling interviews including individual, marital, family or group therapy/counseling,
- written reports on all assessment and counseling interviews,
- stress management,
- suicide prevention,
- CIS management programs,
- life skills program, and
- family support services;

2.6 Out-Patient Diagnostic Services

Laboratory, Diagnostic Imaging and other diagnostic procedures when prescribed by an authorized health practitioner;

2.7 Rehabilitation Care

Care in rehabilitation centres or other rehabilitation programs, for members requiring extensive or specialized rehabilitation resulting from illness or injury;

2.8 Home Care

Home care services are eligible only when the attending physician certifies that they are required and the needs cannot be met on an out-patient basis. Appropriate care, including nutrition and any supportive nursing requirements, is to be ensured for those service members living in quarters, either on their home base or while on course. Home care service may include:

- physician services,
- nursing services,
- physiotherapy services,
- occupational therapist,
- speech pathologist,
- social worker,
- nutritionist, and
- home maker;

2.9 Long Term Care Facilities

- Nursing Home. Nursing home services when an eligible person requires 24-hour medical supervision, as well as nursing and personal care, and
- Chronic Care. Care in chronic care facilities for eligible persons who have long-term illnesses or disabilities which cannot be treated at home;

2.10 Health Practitioner Benefits

Out-Patient services of the following practitioners when prescribed by the attending physician, within the limits as follows:

- physiotherapist (20 appointments),
- speech language pathologist (10 appointments),
- psychologist (10 appointments),
- chiropractor (10 appointments),
- osteopath (10 appointments),
- dietary counselor (5 appointments),
- acupuncture, when in conjunction with pain management (10 appointments), and
- podiatrist or chiropodist (5 appointments).

Note: Physicians can authorize attendance as indicated, per condition, after which physician follow up of each case is required to ensure that care is progressing and to determine whether further care is required. Patient care, rather than monetary limits per se, will be the determining factor.

2.11 Bariatric Surgery

Bariatric surgery is an effective procedure for the treatment of a bona fide medical condition, morbid obesity.

2.12 Supplemental Health Care Benefits

In addition to the comprehensive coverage, supplemental health care benefits will include:

- A. [CF Drug Benefits](#)
- B. [Vision Care Benefits](#)
- C. [Miscellaneous Expense Benefits](#)

A: CF Drug Benefits

Medications Included on the Drug Benefit List

The Canadian Forces provides a wide variety of both prescription and non-prescription drugs to its members. These medications are defined in the Drug Benefit list. The medications on this list must generally be proven to provide a therapeutic effect. Other products, such as selected medical devices or supplies may also be included as Drug Benefits if there is evidence available to support their therapeutic value.

Drugs benefits will include, but not be limited to:

- drugs which normally require a prescription;
- drugs which may not legally require a prescription, but which are only available at an accredited pharmacy, and have known therapeutic value;
- replacement therapeutic nutrients provided that there is no other nutritional alternative to support the life of the member;
- injectable drugs, including allergy serum and vaccines;
- compounded prescriptions;
- vitamins and minerals listed in the CF Drug Benefit List which are prescribed for the treatment of a chronic disease when the use of such products are proven to have therapeutic value;
- drug delivery devices, such as those used to deliver asthma medications, which are integral to the product.

B. Vision Care Benefits:

Eye Examination is performed every two years in accordance with CF Periodic Health Exam requirement or as per occupational health standards and whenever clinically necessary. Eye

Examinations are to be conducted by an ophthalmologist, optometrist or ophthalmic technician working under the authority of the Senior Medical Authority.

Entitlement to glasses: Two approved frames (in accordance with Standing Offer Agreement) with the proper prescription (single vision, regular bifocals, trifocals and/or progressive lenses in clear lenses will be supplied as the initial issue to all entitled personnel to ensure and maintain operational and occupational efficiency. Frames and lenses are expected to last for a period of two years and will comply with CF dress standards. After initial issue of two pairs of glasses, the entitlement for replacement is one new pair every two years.

Entitlement to specialty glasses: Specialized corrective glasses such as sunglasses, safety glasses, ballistic eye wear and respirator glasses will be in accordance with established scales of issue or other entitlement documents.

Entitlement to contact lenses: Contact lenses that are necessary for therapeutic purposes, as prescribed by a consultant ophthalmologist/optometrist or for other medical requirement, are funded with prior approval of CF H Svc C Senior Medical Authority. Contact lenses for Refractive Requirement or trade requirements are funded in accordance with current Policy and Guidance: Optical Supply and Services: Entitlement to Contact lenses, Policy # 4020-03.

C. Miscellaneous Expense Benefits.

The item or service must be medically necessary for the treatment of disease or injury, and must be prescribed by a physician unless otherwise specified. Eligible expenses are the reasonable and customary charges for the following items:

Hearing aids and repairs to them, limited to \$2,000 every 48-month period for each ear,

Orthopedic footwear (military pattern), including modification when authorized by the HCC, once every twelve months, expenses: (a) for other than initial entitlement, the member will pay the price of the equivalent military footwear (unless the footwear is normally issued on a no cost replacement basis);

Orthopedic footwear (civilian pattern), including athletic footwear, may be modified at public expense when prescribed and approved in accordance with the regulations for military pattern footwear. Individuals may have a maximum of two pairs of shoes, one pair of athletic shoes and one pair of boots, modified per year. Eligible persons must however, purchase the footwear at their own expense. DND shall only pay for modifications.

Orthotics, limited to two pair every twenty four months,

Trusses, canes, crutches, splints, casts, cervical collars and off the shelf braces when prescribed by an authorized practitioner (see Dental Section for dental braces),

Custom made braces when prescribed by a medical specialist;

Elasticized support stockings manufactured to individual patient specifications and elasticized apparel for burn victims,

Bandages and surgical dressings required for the treatment of an open wound or ulcer,

Orthopedic brassieres, limited to \$100 every twelve months,

Wigs, when the patient is suffering from significant hair loss as the result of a disease or illness, limited to the maximum of \$2000/lifetime,

Ostomy supplies, catheters and drainage bags when indicated and prescribed by the attending physician,

Prosthesis and implants: (see Dental Section for dental implants),

- breast prostheses following mastectomy, and replacement, but not within 24 months of the last purchase for the same side;
- temporary artificial limbs;
- permanent artificial limbs and replacement there of, but not within:
 - 60 months from the last purchase of the same limb in the case of a member over 21 years of age, unless medically proven that growth or shrinkage of the surrounding tissue requires replacement of the existing prosthesis at an earlier date, or
 - 12 months from the last purchase of the same limb in the case of a member 21 years of age or less

Oxygen and its delivery devices;

Needles, syringes, and chemical diagnostics aids for the treatment of diabetes,

Insulin pumps and associated equipment, when prescribed by a specialist;

Blood glucose monitors when prescribed by a specialist;

Durable equipment, manufactured specifically for medical use, which is required for therapeutic use in the patient's private residence and is recommended by the HCC, may be rented or purchased. Eligible durable equipment includes, but is not limited to, items such as wheelchairs, walkers, hospital beds, apnea monitors and alarm systems for anuretic patients. Reimbursement will be limited to the cost of non-motorized equipment unless medically proven that the patient requires motorized equipment; and

Note: Any type of aid to daily living which is not a recognized form of medical treatment or any equipment that is not specifically designed for medical use is not an eligible benefit.

Infertility

- Investigation. Eligible persons are entitled to investigation of infertility.
- Treatment. Eligible persons are entitled to the following forms of treatment of infertility:

- medication;
- surgical treatments. However, experimental or controversial new procedures not covered by provincial health care plans will not usually be funded by CFMS. When in doubt, the HCC should contact ACOS HS Del for advice;
- artificial insemination. For treatment of a medical condition only;
- In-vitro fertilization (IVF). However, funding will be provided only:
 - if the infertility is the result of bilateral Fallopian tube obstruction
 - for a maximum of three cycles
 - to serving members, not to civilian dependants, spouses or partners of serving members.

Note: Investigation and treatment of infertility are not funded when the infertility is the result of voluntary sterilization.

Third Party Medical Services. Medical appraisals, certifications or testimonies required by a member or Third party including:

- proof of death,
- a medical-legal examination of a member injured on duty, or related litigation arising from events occurring while on duty,
- an examination required under a provincial mental patient's protection act,
- an examination required under a provincial public curatorship act, or
- an examination required under the Quebec Pension Plan or Canada Pension Plan.

This would also include services which would be easily available to the majority of Canadians from their family physician for a nominal fee such as CF physician-completion of forms such as passport and visa applications, adoption medical fitness assessment, insurance medicals, driver medicals and sport diving medicals. No fees for the physician's time will be charged to the CF member for the provision of these services. However, where there are additional external costs associated with the provision of these services, such as charges for the use of outside-the-Clinic diagnostics, these costs will be the responsibility of the member seeking the service. The CF physician will nevertheless assist with ordering the required tests. In situations where the demand for CF medical services is high, third party medical services would be accorded a lower priority than:

- The provision of medical care directly to patients; and
- The provision of medical support to CF training and/or operations.

Civil aviation medical examinations are **not** a benefit except when they are done by CF flight surgeons for a CF pilot and as part of a CF-required assessment of the pilot's fitness to fly CF aircraft. Psychological assessments required as part of custody disputes or any other examination, appraisal, testimony, or certification required by a member or a third party involved

in any criminal litigation that arises from events occurring during off-duty periods, or for any litigation instigated privately by a member are not an eligible benefit.

3.0 Home Assistance

The services provided in accordance with reference “a” (see below) are intended for a sick or injured member who has no reasonable means of assistance, and whose sickness or injury prevents them from performing certain tasks, for which they may be reimbursed actual and reasonable expenses. Members shall not be reimbursed expenses incurred if there are relatives of the member living at the member’s home who are capable of performing these tasks or domestic chores.

The tasks or domestic chores which may be considered for reimbursement include, but are not limited to:

a. Housekeeping services for routine tasks or domestic chores such as:

- laundry, including ironing,
- making and changing beds,
- vacuuming,
- cleaning floors (sweeping, washing, waxing, etc),
- dusting and general picking up,
- kitchen and bathroom cleaning,
- meal preparation,
- appliance cleaning (stoves and ovens, refrigerators),
- window cleaning, and
- errand services to purchase food, do banking and pay bills when the member is unable to do so;

b. Non-routine services: Applications for the following non-routine services may be approved if a current assessment indicates that the member and other family members residing in the home are unable to do the work due to a limiting health condition or there are no family members residing in the home who are capable of performing the service:

- for members requiring a relatively dust-free environment, washing walls and ceiling (when environmental pollution is a factor, such as when wood or coal is the primary fuel source),
- shampooing/steam cleaning carpets for incontinent members and those requiring the service as a result of respiratory conditions or skin allergies, and
- chimney cleaning for members for whom wood or coal burning is the primary or an important secondary source of heat, and if a fire hazard exists; and

c. Grounds Maintenance Services: Charges for the following acceptable grounds maintenance activities may be paid:

- snow removal from steps, walkways and driveways to allow safe access to the principle residence,
- snow and ice removal from roofs and eaves troughs when such conditions pose a threat to member's safety and access to the principle residence,
- periodically cleaning leaves and debris from eaves troughs; pruning and removal of trees which clearly pose a threat to the member's safety and access to the principle residence,
- lawn mowing and raking, sweeping leaves from pathways, trimming hedges, shrubs and trees when failure to do so would pose a threat to the member's safety and access to the principle residence, and
- blocking, splitting and stacking firewood when wood is and continues to be the main source of heat and the work was previously performed by the member.

4.0 Mental Health - Operational Stress Injury Social Support (OSISS) Program

The Operational Stress Injury Social Support (OSISS) Program provides confidential peer support and social support to CF members, Veterans, and their families, affected by an operational stress injury such as anxiety, depression, or PTSD resulting from military service. The OSISS Program also provides peer support to families who have lost a loved one due to military service.

OSISS has three components offering peer support to various groups of individuals:

Peer Support

Peer Support Coordinators, who themselves have been injured by operational stress, offer support by listening to those who are suffering, drawing on similar experiences, and providing guidance on resources available in , VAC, DND and their own community.

Peer Support Coordinators respect individual situations and privacy. They can be trusted to keep conversations confidential.

Family Support

Family Peer Support Coordinators offer support to families affected by an operational stress injury by listening, providing information, engaging in discussion groups, and making connections to VAC, DND and to community resources.

Bereavement Support

Bereavement Volunteers who have lost a loved one due to military service offer support by listening to those who have also experienced a loss as a result of military service; Helping Others by Providing Empathy (HOPE).

All OSISS Peer Support Coordinators, Family Peer Support Coordinators and Bereavement Volunteers receive peer support training from Mental Health Professionals at the National Centre for Operational Stress Injuries at Ste. Anne's Hospital.

5.0 Joint Personnel Support Unit/Integrated Personnel Support Centre

The aim of the Joint Personnel Support Unit (JPSU) is to improve the coordination and facilitation of the delivery of standardized, high quality, seamless consistent care while wounded, injured and ill CF members reintegrate into military or civilian life and employment. The JPSU is the umbrella unit with regional HQs, and the Unit Identification Code to which the wounded, injured and ill are posted. The Integrated Personnel Support Centre (IPSC) is where they report to and receive the services.

IPSCs provide one-stop service where all CF members and their families, particularly the ill and the injured, can access key services provided by VAC, DND and other relevant service providers. DND Staff are co-located with other support services including CF Case Managers, VAC and as needed, SISIP; allowing for more collaboration between all agencies to provide a seamless approach to support the CF member

The following is an overview of the programs and services available. These programs and services are seen as the non-clinical component of the care of the ill or injured.

5.1 Return to Work (RTW) Coordination

RTW Coordinators employed at all major IPSC locations where the population supports a dedicated staff, look at all available options to a wounded, injured or ill soldier to put him back to work as quickly as his condition will allow. This may include such activities as modifying the soldier's work hours or seeking new employment opportunities for the soldier in a different trade. At IPSC locations where there is no dedicated RTW Coordinator, protocols have been put in place to ensure that RTW coordination functions are provided through the nearest IPSC where those services are available. Additionally, CF Members may be provided with paid time away from work for participation in an OJT or RTW opportunity under CANFORGEN 151/07 and may be directed to SISIP VRP for additional support.

5.2 Casualty Support Outreach Delivery

IPSCs have been located on Bases where most of those who expect to benefit from the services are present, but some CF members who require IPSC services are located in remote locations such as in the case of some Reserve and Ranger units or retired members. To this end, the Outreach delivery coordinator position is responsible for reaching out to these CF and veteran members and ensuring that without exception the same form of support and information is available to all regardless of location.

5.3 Casualty Tracking

There is currently no national system to ensure that all wounded, injured and ill members, both serving and those who have been released are followed to make certain that their needs are being met. The JPSU Casualty Tracking Coordinator's function is to maintain contact with the injured or ill member until such a time as the member returns to duty, is released medically and is capable of living independently or has expressed that he no longer requires the support being offered.

5.4 Casualty Administrative and Advocacy Services

Bases/Wings support the JPSU and IPSCs in their respective locations by providing Unit Records System (URS) services. The Base/Wing URS provides support primarily in Release Administration, pay and records support, claims settlement, and access to Royal LePage relocation services.

5.5 Support Platoon

The JPSU and IPSCs employ military personnel to provide leadership for those posted to the unit. While the structure of IPSC platoons differs at each Base/Wing dependent on the number of injured and ill personnel posted to the unit, most platoons are commanded by a Captain and consist of a Platoon Warrant Office and a Section Sergeant. The personnel posted to the JPSU and receiving services at their IPSC may be organized in separate platoons or sections based on their participation in either RTW program, recovery or transition. Platoon Commanders are responsible for liaising with the Director Military Careers Career Manager for injured members, the injured members themselves, and with the injured members' unit chain of command. Additionally, Platoon Commanders coordinate required supports for the CF members including referral to SISIP, MFRC, VAC and other agencies.

5.6 Service Partners

In addition to the five core DND/CF functions there is a group of Service Partners to which the JPSU/IPSC connects. These include:

- Veterans Affairs Canada Client and Transition Services
- CF Case Management services
- SISIP Financial Services under the control of the CDS
- Director Military Family Support Services
- Personnel Support Program (PSP) that manages "Soldier On" - a joint Canadian Paralympics Committee and DND initiative designed to enhance the quality of life of injured soldiers (and veterans) through sports.

The services offered through the IPSCs are designed to provide a full range of support to wounded, injured and ill CF members, Regular and Reserve, and their families, and to ensure that there is an equitable and consistent level of care and support regardless of environment or geographical location.

6.0 Canadian Forces Transition Programs and Services

The aim of Transition Programs and Services is to assist CF members during preparation for and the period of transition from military to civilian employment.

6.1 Transition Assistance Program (TAP)

As an integral part of the transitions services offered to CF members within The Centre, the Transition Assistance Program (TAP) offers assistance to members of the Canadian Forces (CF), who have been or will be medically released, in making the transition to the civilian

workforce. TAP actively recruits prospective employers; in both the public and private sectors, to consider providing employment to highly skilled, well trained, and job ready CF members.

Private and Public Sector organizations become TAP Employer Partners in order to access the TAP Talent Bank. TAP members are required to maintain an active résumé on the website in order to maintain TAP benefits and maximize their chances of finding gainful employment.

TAP maintains working partnership with SISIP VRP to provide SISIP Clients with easy access to TAP Services. SISIP VRP prepares client resumes and assists the client to post the resume on the TAP website and TAP maintains an open communication with SISIP VRP to maximize member opportunities.

6.2 CF Case Manager

The CF Case Management Program is a program to inform member of the services and benefits available to ill and injured members. CF Case Managers are nurses trained to help members access military and civilian health care. CF Case Managers are notified of all medical releases. CF Case Managers are aware of the releasing member's situation and help with various aspects of the releasing process. CF Case Managers provide SISIP Long Term Disability (LTD) applications directly to the CF members, may assist them in completion of the application and will arrange a direct contact with a local SISIP VRP Counsellor if needed. Case Managers will also implement case conferences for complicated cases and such conferences may include CF, SISIP and VAC in order to support the member.

The member is case managed to ensure access to entitlements, services and programs through the CF, SISIP and VAC. The member's health care is monitored and coordinated to ensure continuity.

Roles of the CF Case Manager:

- Meet with the member - gain familiarity with case.
- Discuss member's health needs;
- Advise about services or programs that are available and help to access them;
- Provide SISIP LTD applications and arrange contact with the SISIP VRP if required;
- Develop a case plan that describes the actions that the member and the Case Manager will carry out to help return the member to work as quickly as possible;
- Help member to meet his/her goals;
- Check with member on a regular basis;
- Work with the member to decide when case management is no longer needed.

6.3 CF Vocational Rehabilitation Program for Serving Members (VRPSM)

The intent of the CF VRPSM is to assist medically releasing members make a smooth transition from military to civilian employment by affording an opportunity to commence vocational

rehabilitation training (i.e. academic upgrading or retraining) prior to release. In some circumstances, on-job-training (OJT) can replace formal training in assisting the releasing member to secure civilian employment.

The CF permits participation in the CF VRPSM for up to six months prior to the release date indicated on the release notification message of eligible members, subject to the approval of the member's Commanding Officer (CO). The Base/Wing Personnel Selection Officer (B/WPSO), Education Officer (Educ O), a College Vocational / Academic Counselor or a SISIP VRP Counsellor can assist the member to outline the post-military employment goals and clarify how the proposed training will lead to achieving that goal. Under CANFORGEN 151/07, a PSO or a SISIP VRP Counsellor may provide a recommendation for a vocational plan and when satisfied the proposed Vocational Rehabilitation plan will assist in making the transition to civilian employment, the CO may approve the application for participation in the program. The Vocational plan may include assistance for the member to prepare for vocational rehabilitation training in which the member will participate during the last 6 months of paid service and after release,.

6.4 CF Medically Released Priority Entitlement

In 1997, the Public Service Employment Regulations (PSER) were amended to include a section according a priority for appointment to the Public Service for former members of the Canadian Forces (CF) who were released from the CF as a result of a disability sustained due to service in a "Special Duty Area". In 2004, the PSER was again amended to broaden the scope of this provision to provide a priority to members who became disabled as a result of "Special Duty Service". With the implementation of the new PSEA and PSER, further revisions now extend a priority entitlement to CF members who are medically released, with no restriction to a "Special Duty Service".

Section 8 of the PSER reads as follows:

(1) The following persons who are released or discharged, as the case may be, for medical reasons have a right to appointment in priority to all persons, other than those referred to in section 40 and subsections 41(1) to (4) of the Act, to any position in the public service for which the Commission is satisfied that the person meets the essential qualifications referred to in paragraph 30(2)(a) of the Act, if the person requests the priority within five years after being released or discharged.

The SISIP VRP Counsellors work in conjunction with the CF member to prepare a resume suitable for access to Priority Hiring and help coordinate the members application for Priority Hiring through the TAP program.

5. Service Income Security Insurance Plan (SISIP) Programs and Services

As an entity of the Department of National Defence, SISIP Financial Services (SISIP FS), a Division of the Canadian Forces Personnel and Family Support Services, has a team of dedicated and highly qualified professionals who are available to serve those who serve at 18 base/wing units across Canada. They have been the provider of

financial products and services exclusively to the Canadian Forces (CF), serving and former members and their immediate families since 1969.

SISIP FS offers the following financial services, each of which is specifically tailored to the unique lifestyle of the CF:

- Term Life insurance coverage including the Accidental Dismemberment Insurance Plan;
- Comprehensive financial planning including advice and investment products;
- Financial counselling providing advice and assistance in the resolution of financial difficulties;
- Canadian Forces Personnel Assistance Fund providing financial assistance through loans and grants;
- Personal Financial Education Program providing various personal finance courses through formal CF training programs to recruits, officer cadets, junior and senior NCM leaders;
- CF Accidental Death Dismemberment Insurance Plan (ADIP). Through SISIP FS, ADIP provides a lump-sum benefit up to \$250,000 to eligible Canadian Forces personnel who suffer an accidental dismemberment or loss of sight, speech or hearing which is attributable to military service; and
- Long term disability plans, including the Vocational Rehabilitation Program;

SISIP LTD is a Canadian Forces premium based insurance plan that provides an entitlement to income replacement and vocational rehabilitation to both medically releasing CF members and other releasing personnel who could qualify as totally disabled. Participation in SISIP LTD is mandatory for all Regular Force members who joined on or after April 1, 1982. Primary Reservists are also covered. Regular Force members only pay 15% of the premiums to cover costs associated with non-service-related injuries and illnesses, while Treasury Board pays all other costs. Treasury Board pays 100% of premiums for Reservists.

SISIP claimants may receive counseling, guidance support at anytime prior to their release from the Canadian Forces and paid financial support for approved vocational rehabilitation for up to six months prior to their effective date of release. CF members have an entitlement to both vocational rehabilitation and income replacement for up to 24 months post-release and if deemed totally disabled at 24 months post release then the entitlement will continue to age 65 or until the client is no longer totally disabled.

Treasury Board Secretariat (TBS) provides oversight of the SISIP LTD program. SISIP Financial Services administers the LTD program on behalf of the Chief of the Defence Staff (CDS) as the policy owner who has complete control over all aspects of the policy thereby ensuring that eligible releasing CF members receive the full support within the parameters of the program. Manulife Financial is the insurer and provides the delivery of the SISIP LTD and SISIP VRP.

SISIP Financial Services (FS) is notified of all medical releases and those personnel who are released for non-medical reasons also have the option to apply for SISIP LTD.

Once the member qualifies for SISIP LTD, a SISIP Vocational Rehabilitation Counselor will be assigned to assist the client in developing a transition plan and the parameters of the SISIP VRP will be explained. The intent of the SISIP VRP is to assist the client to obtain the tools to transition to the civilian workforce. The SISIP VRP will primarily build on existing skills wherever possible in order to maximize the clients resources, however, if insufficient skills exist then re-training in a new field will be considered. The SISIP VRP also provides employment preparation and job search for clients ready to transition into the civilian workforce.