CANADA PENSION PLAN DISABILITY APPLICATION & APPEALS GUIDE

For Canadians with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome and/or Fibromyalgia Syndrome

2015 Edition

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and/or
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Disclaimer: This guide was compiled by the National ME/FM Action Network. We have done our best to give you accurate and useful information. However, this document is for guidance only and we do not take responsibility for your application. We advise you to check out important points with Canada Pension Plan staff or with a legal professional.

Note: The 2015 edition replaces the 2012 edition of this Guide. Major changes to the CPP-Disability appeal process were implemented on April 1, 2013. This necessitated major changes to chapter 6 of this Guide.

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Forward

You want to work but you are having great difficulty because of your health or you find that you can't work at all. You have worked in the past and you wonder if you could receive Canada Pension Plan Disability payments.

If you want to receive payments, you have to apply in writing. You have to fill out a questionnaire and you need a physician to fill one out as well. Your application package has to convince a decision-maker of two things:

- that you have a disability that is severe and prolonged
- that you were covered by the CPP plan at the date of onset of your disability.

Applications are often turned down at the first stage, but there is an opportunity for a second, a third and possibly even a fourth opinion.

We believe that if you qualify for CPP-D benefits you should receive them. Unfortunately, some people do not receive their benefits they deserve because:

- they do not know that they qualify,
- they do not apply because they think they won't be successful**,**
- they think it is too difficult to apply,
- they think they are too late to qualify,
- they don't put their best case forward, or
- they don't appeal when they are turned down.

In this Guide, we hope to make the CPP-D plan and the process of applying more understandable so that you can get the benefits you are entitled to.

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Messages from the Authors – Lydia Neilson

KEY MESSAGE 1: Applying for CPP-D is an emotional experience.

KEY MESSAGE 2: Documentation is extremely important

Dear Reader:

You may have noticed that anytime you have to complete a form, do a questionnaire or apply for disability benefits of any kind, you are overwhelmed by feelings of sadness and turmoil. This is a stress that only those who are going through a prolonged illness can understand. It brings to mind the losses you have experienced as a result of your illness.

As stressful as it is to continue dealing with your illness, a whole new feeling of panic comes over you as you relive the experiences of your illness and consider why you cannot work and the drastic changes to your life.

It is not a door you want to open. It is difficult to sit down and wrestle with the paper work that makes you have to face your illness and its consequences head-on.

Reliving how you fell ill, the tests and diagnosis and the bewilderment that comes with it are all part of this process. In a way you feel you are grieving for a loved one you have lost and you find yourself struggling again with the anger, denial and isolation you originally felt when becoming ill.

These are normal feelings and know that others also have to face this reality. It is, in the end, part of healing. Once you have managed to go through this process of putting down on paper the impact of your illness on your life and on those of your loved ones, it will also bring you relief, satisfaction and the knowledge that you can do it.

My second message is about documentation. Having good documentation can make the difference between qualifying for benefits and not qualifying. As soon as you can, set up a binder or a file and keep all your records. Keep all your documents and keep a list of all your correspondence, phone calls and appointments.

Sincerely,

NATIONAL ME/FM ACTION NETWORK

Lydia E. Neilson, M.S.M.

Founder and Chief Executive Officer

Messages from the Authors – John Wodak

KEY MESSAGE 3: You are dealing with a bureaucracy.

KEY MESSAGE 4: The onus is on you to convince the decision-makers that you qualify for CPP-D.

Dear Reader:

We know when we are ill because we have symptoms – the subjective sensation that things are "not normal". Pain, fever, nausea, and unexplained fatigue are all symptoms. If our symptoms are severe or persist for a long time, we visit a doctor who will examine us, order tests and possibly refer us to a specialist. These investigations may reveal signs (also known as "objective medical evidence") - facts about our condition which can be measured and/or observed by a third party. A consistent combination of signs and symptoms will lead to a diagnosis, and the diagnosis guides treatment and support. This is the main purpose of the health care system.

Ideally, the process of finding out "what ails you" is cooperative. You (the patient) are an integral member of the health care team, meeting face-to-face with the professionals and providing them with information about your symptoms which is accepted at face value and used to reach a conclusion.

In contrast, the process of finding out whether or not you meet a specific definition of disability is adversarial. The initial decision(s) will be taken by someone you may never meet, who reviews your application package to determine the answers to several key questions: "How severe are the symptoms, how do they limit your abilities [to work], and do you meet our definition of disability?" The onus is on you to show that you qualify. Sadly, your own personal testimony will be treated with scepticism. If the initial application is denied, there will be an appeal process, ending with a legal or quasi-legal hearing in which one side "wins" and the other side "loses". The last thing a seriously ill person wants is another battle, especially one in which their personal credibility is questioned.

Applying for disability benefits is particularly challenging for people with ME/CFS or FMS. These illnesses vary in severity from person to person so the diagnosis by itself is not proof that you qualify for benefits. There are no magic tests to measure your level of disability. For this reason, it is hard to show on paper that you are disabled. Many applications are turned down at the initial and reconsideration stages but are successful at the later stages when the patients and decision-makers meet face-to-face. Have faith in yourself and keep trying.

Sincerely,

NATIONAL ME/FM ACTION NETWORK

John Wodak

Pension Advisor

Messages from the Authors – Margaret Parlor

KEY MESSAGE 5: Don't hesitate to ask for help.

KEY MESSAGE 6: How do the symptoms of your illness interfere with your ability to function?

Dear Reader:

The first time I completed a disability application form, it was for a friend whose daughter was autistic. The role of a mother is to support and encourage her child, so she could not bring herself to face the bureaucracy and write down her daughter's shortcomings. Applying for disability is an emotional experience. I did not have the same emotional hurdle as she did. It was much easier for me than it would have been for her.

For me, the hurdle was to explain why Anne should qualify as disabled. The breakthrough for me was understanding the concept of how Anne's autism affected her ability to function. As part of that, I had to think about what functioning really means.

One question was whether Anne could feed herself. There was no question that if you put a plate of food in front of Anne she could get the food from her plate to her mouth. That is, however, a very narrow view of feeding yourself. For a person living alone, feeding yourself means shopping for food, storing food safely, cooking meals and making good nutritional choices. As part of her autism, Anne did not have the decision-making skills necessary to do these things. Thus, Anne was impaired in her ability to feed herself. Anne qualified for provincial disability benefits because her impaired decision-making, which was a symptom of her autism, affected her ability to carry out the activities she needed to function. I then applied for CPP-D benefits for Anne (she had made sufficient contributions) and convinced the decision -maker that Anne's impaired decision-making skills prevented her from engaging in substantial gainful employment.

Your completed application form will tell the story of how your symptoms affect your ability to carry on activities and, in particular, your ability to be in the workforce. To help you, we have put together a list of common symptoms of ME/CFS and FMS, symptoms like pain and mental fatigue. We have also put together a list of activities that are common at home and work. It is your job to make the linkages between your symptoms and the difficulties you experience when trying to participate in activities of daily living or at work. It won't be easy, but the people judging your file are looking for this information.

Sincerely,

NATIONAL ME/FM ACTION NETWORK

Margaret Parlor

President

1 The Basics of CPP-D

You are probably reading this because you are unable to work due to the debilitating effects of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (abbreviated to ME/CFS throughout this Guide) or Fibroymalgia Syndrome (FMS); or because someone close to you is in this situation. You may have postponed applying because you or your doctor hoped you would recover quickly, but now you are having to admit that your illness may last longer than was first expected.

There are two main reasons to apply for CPP-D – finances and validation.

In some cases, CPP-D will be your only workplace insurance when your Employment Insurance runs out. If you are receiving benefits under a workplace disability plan, applying for CPP-D may be a requirement under that plan. CPP-D is an insurer of first instance. That usually means that if you get a monthly amount from CPP-D, that is an amount that your workplace insurance plan won't have to pay you.

Qualifying for CPP-D validates your disability. It means that a government institution has confirmed that you are dealing with heath issues that are serious and that have an impact on your ability to work.

Qualifying for CPP-D can increase the amount of your CPP retirement pension when you turn 65. During your disability years, you are likely earning much less than normal and perhaps you aren't earning any money at all. Ordinarily, these low-income years would be considered in determining an average income. If you are approved for CPP-D, these years are ignored in the calculations, resulting in a higher average income and therefore a higher retirement pension.

Here are some key points about CPP-D:

- CPP-D is an insurance program that provides income support for Canadians of working age (18-64) who have contributed to the Plan and who become unable to work because of disability while they are covered by the plan.
- CPP-D is operated by the federal government and applies to all Canadians except residents of Quebec who are covered by the Quebec Pension Plan.
- The CPP disability benefit is administered by Service Canada on behalf of Employment and Social Development Canada (ESDC).
- Throughout the entire application and appeal process, the onus is on you (the applicant) to show, to the reasonable satisfaction of the adjudicator, that you are disabled and eligible for CPP-D benefits.
- If you are approved, the amount you receive is based on your contributions to the Plan and not on the severity of your disability.
- If you qualify for benefits, your children may qualify for benefits as well.
- CPP-D is an all-or-nothing benefit. If you are found to qualify, you will receive the amount you are entitled to. If you are found not to qualify, you will receive no benefits. There are no partial benefits for being partially disabled.

- The maximum monthly payment in 2014 is $1,236.35, while the average monthly payment in October 2013 was $854.61.

- The CPP-D plan provides monthly payments. It does not include other benefits such as dental coverage or prescription drug costs.

Here are some key points about CPP-D applications:

- You must apply for a disability benefit in writing. The forms and questionnaires which make up the application package are available from Service Canada. You are free to add supporting material such as letters from family members or colleagues.

- You must convince the decision-maker on two points:

  - that you have a disability that is both severe (to the point that you cannot engage in substantial gainful employment) and prolonged

  - that the date of onset of your disability was while you had CPP coverage

- If your application for a CPP disability benefit is not granted at the initial phase, there are three opportunities for you to have your application reviewed or reconsidered.

Once you qualify for and begin receiving a CPP disability benefit, you must contact Service Canada to keep them informed of certain specific events in your life such as if you change your name or your address or if you earn over a certain amount. (The amount for 2013 was $5,100).

Service Canada will occasionally review the health and work status of people receiving a CPP disability benefit, to ensure that they continue to be eligible. Eligibility will end automatically when you turn 65.

CPP-D is just one benefit or program for Canadians with disability. There are a number of other programs available through the federal government, provinces and territories, municipalities, etc. For a listing of federal government programs, see http://servicecanada.gc.ca/eng/audiences/disabilities/. Other federal programs include the Disability Tax Credit and medical deductions from income tax. The application processes for these are separate. Do not assume that, if you qualify for CPP-D, these benefits will flow automatically. Do not assume that, if you are turned down for CPP-D, you won't qualify for these disability benefits.

2 Getting Help

People who can be of assistance

Is it hard to apply for CPP-D? On the plus side, there is a lot of good information and the process is generally user-friendly. (It should be – about 60,000 applications are submitted every year). On the minus side, you are not feeling well and this may be the first time you have applied for disability support.

If you have considerable difficulty organizing your case and filling in your forms, you may formally appoint somebody to be your representative. With your signed authorization, they can access and discuss your file with CPP-D staff.

Here are some places where you can look for assistance:

Your Health Care Provider: You will need to involve your health care provider when completing the application package. Some health care providers have considerable experience with such applications and may be able to help you. Other health care providers are unfamiliar with CPP-D applications, especially when it comes to ME/CFS and FMS cases.

Service Canada: Staff are ready to answer questions and help you in many ways. Staff have even helped people complete their forms. Remember, however, that the primary role of the organization is to judge your claim, not to help you qualify. Be careful how you talk to staff. You wouldn't, for instance, want to suggest that your claim is doubtful. If someone gives you advice on the phone which supports your case, you would want to get it in writing. (You can ask for it in writing, or you can write a letter describing your understanding of what was said.)

Family, Friends and Colleagues: They have the great advantage that they know you and can testify to the way your condition has changed your ability to function, i.e. what you were doing before and what you are doing now.

Unions & Professional Associations: Their membership services sometimes include free support, up to and including representation at appeal hearings (usually by a union/association representative, but possibly by a lawyer). If you are receiving disability benefits from an employment-related source which has been negotiated through a collective agreement, the union or association will have a vested interest in making sure that the conditions of the agreement are met.

ME/CFS and FMS Support Groups: These groups will be familiar with your condition and should be able to advise you on the best way to express yourself in an application. They may also be able to provide an advocate or refer you to a lawyer or paralegal with experience on this kind of case.

Other Disability Organizations: Some disability organizations will help you complete an application and help with appeals for free or for a nominal cost.

Lawyer OR Paralegal: Many lawyers and paralegals help with CPP-D for a fee (though the first half-hour consultation may be free.) Because of the costs, lawyers and paralegals are usually not brought into the case until an appeal stage.

Legal Aid: In some provinces, CPP-D appellants can qualify for Legal Aid, especially at the appeal stage. Contact the Legal Aid authority in your province/ territory to see if you are eligible

Member of Parliament: Your local member of parliament can sometimes be helpful in resolving particular issues.

Questions To Ask When Hiring a Professional:

What should you discuss when considering whether to hire a professional?

- The challenges in your case and how the professional could be of help.
- Their experience and track record with CPP-D cases and, if possible, references from previous clients.
- Discuss fees before making any firm commitment.

Note: Section 65(1) of the Act prohibits the assignment, attachment or anticipation of a CPP-D benefit and therefore a standard contingency agreement may not be enforceable. The professional will likely raise this point when a fee and payment schedule are being discussed.

3 Are You Covered by CPP-D?

Did you qualify for benefits at the date of onset of your disability?

A. How Contributions Are Collected

The Canada Pension Plan collects mandatory contributions from employed individuals and their employers to provide, among other benefits:

- as a pension plan, it provides retirement benefits to applicants who have reached retirement age; and
- as an insurance plan it provides disability benefits to those who are compelled to leave the workforce for medical reasons.

CPP contributions are collected by the Canada Revenue Agency. There is a reconciliation when you complete your tax return each year, and any over- or under-payment is refunded or added to your tax payable. Contributions are forwarded to the CPP by the Canada Revenue Agency and are used solely for the purposes of the Plan. CPP maintains a record of contributions for each and every contributor.

Hint: Contact Service Canada to obtain a printout of your record of contributions. It will show your earnings and your contributions for every year that you have been contributing to the plan.

B. When Are You Covered for CPP-D?

The coverage rules of CPP are not quite the same as typical insurance plans. A typical (e.g., home or auto) insurance policy provides coverage for a specified period on payment of a premium, and the coverage ceases instantly at the end of that period unless renewed by the payment of an additional premium.

Under CPP-D, you are generally not "insured" unless you have made contributions in four of the last six calendar years. If you haven't made contributions in four calendar years, you do not qualify **(but see Section D, page 5 for exceptions)**. If you have made contributions for four consecutive calendar

years, you will continue to be "insured" (i.e., eligible for benefits) for two calendar years after you cease making contributions (provided you are under the age of 65). This combination, of valid contributions plus two extra years, is called the "**Minimum Qualifying Period**" (**MQP**). Think of your MQP as your period of coverage. Your eligibility will usually end on a December 31 because of the linkage with the tax-collection system.

C. Date of Onset (DOO)

The Date of Onset of your disability is important for two reasons:

1) You must show that the Date of Onset of your disability occurred while you were covered by the CPP-D plan and that you have been disabled continuously since. If you cannot show this, you will not qualify for benefits.

2) The Date of Onset is used to determine when your payments start. (A "deemed date of onset" is used when the application is delayed.)

Determining the Date of Onset of disability can be difficult in some ME/CFS and FMS cases. The Date of Onset may not be obvious when it occurs, and it may not even be easy to identify when you look back in time. Pick a date that you think best reflects the situation and that you can defend with evidence. Here are some hypothetical examples.

Mary *had a full time job. She also had a diagnosis of FMS and was missing quite a few days of work (paid sick leave). She and her doctor eventually agreed that her FMS symptoms were making it too difficult for her to work and that she needed to focus on her health. She went on disability leave. Her last day of work was March 15. Mary would argue that March was the date of onset of her disability. Even though she was struggling and missing work before she left, she was in the workforce and receiving a full salary, so she couldn't really argue that she was too disabled to work before March.*

Jack and Jill *worked for a retail store and were paid only when they worked. They were consistently working 30 to 40 hours per week. On December 1, 2008, they were in a relatively minor car accident, but they developed FMS as a result of it. They worked a bit the next March, April and May, but by June they realized that they couldn't continue. Jack had made 10 straight years of contributions to CPP when the car accident happened. Jill had made only 3 years of contributions.*

- *Jack would want to argue that his Date of Onset was December 2008 to maximize his income, while the CPP-D staff might take the position that the Date of Onset was June when he finally stopped working for good. If CPP-D accepted his application with a Date of Onset of June, Jack could accept this or he could choose to go through the reconsideration/appeal process asking for an earlier Date of Onset. He would run the risk that the appeal would find he was not disabled at all.*
- *Meanwhile, Jill would want to argue that her date of onset was in June 2009 after she had made her contributions for 2009 and completed her "minimum qualifying period".*

This illustrates a challenge for CPP-D staff. Is it fair to assign Jack a December 2008 date of onset and to assign Jill, under the same circumstances, a June 2009 date of onset?

Pauline *was laid off from her job in June 2005. She wasn't feeling well and did not have the energy to look for another job. A year later (June 2006) she received a diagnosis of ME/CFS. Looking back, she realized that it was ME/CFS symptoms that prevented her from looking for work. She could apply for CPP-D benefits using June 2006 as the date of onset since the diagnosis was still during her Minimum Qualifying Period which would run out in December 2007. Alternatively, she could try to argue that the Date of Onset was in June 2005 when she left work. To make that argument, Pauline could ask for statements from family, friends, former co-workers and health care providers that described her health at the time she left work showing that it was consistent with her diagnosis of ME/CFS.*

Paul *was in the same situation as Pauline, but didn't get a diagnosis until June 2011. He then applied for CPP-D benefits. He would have to provide evidence that his disability started sometime before December 2007 (the end of his Minimum Qualifying Period) and had been continuous since. If he is successful, he will <u>not</u> receive full retroactive benefits (see Deemed Date of Onset in Section F below.)*

D. Special Provisions for CPP Coverage

If you had not contributed to CPP in four of the last six years, one of these special provisions might help you.

- The Act was amended in 2008 to relax the requirement for individuals with 25 or more years of contributions, to three of the previous six years. (This applies only for applications made after March 2008 with dates of onset later than December 2006.)
- If you do not meet the "four out of six" requirement, but were disabled before the end of 1997 (such cases still occasionally occur), the former requirements were contributions in five of the previous ten years or two of the previous three years.

- **Child Rearing Provision**: If you left your job to care for children under the age of 7, that period of time may be excluded from the MQP calculation. The application form is included in the application kit for disability benefits.

- **Credit Splitting**: If you are divorced or separated, you can claim a portion of your former partner's credits. These will be added to your contribution record and used in the calculation of your MQP as if you had made them yourself. The application form for credit splitting is not in the disability application kit and must be requested separately.

- **Work Outside Canada**: If you worked and contributed in another country with which Canada has a reciprocity treaty, you should check with CPP to see if you qualify for international benefits.

- **Proration:** If you worked for only a few months in your final year of work and your contributions were refunded because you reported less than the minimum pensionable earnings for the whole year, you may be able to reinstate the contributions and extend your eligibility if you meet certain conditions. Check with your local Service Canada office to see if you are eligible for proration.

E. Deemed Date of Onset for Payment Purposes When the Application is Delayed

If you can show that your Date of Onset occurred while you still had coverage, you may apply for CPP-D any time, even years later, but your payments may not be fully retroactive. Payments are limited to 11 months before the Date of Application (discussed in chapter 5). If you delay in applying for CPP-D, you still have to show that you became disabled during your Minimum Qualifying Period. CPP-D will assign a "deemed date of onset" 15 months before the Date of Application and payments will start in the fifth month after that (technically, "the fourth month following the month in which the applicant became disabled").

Cathy left work in December 2004 because of her FMS. If she had applied for CPP-D before March 2006, she would have received payments starting in April 2005. However, she did not apply for CPP-D until December 2008. CPP-D agreed that she became disabled while she was covered for CPP-D. They then assigned a Deemed Date of Onset for September 2007 (15 months prior to the date of application). As a result, her payments started in January 2008, the fifth month after the deemed date of onset. Because of her delay, she missed out on payments for the period between April 2005 and December 2008.

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The Bottom Line

If you have a basis for arguing that the onset of your disability occurred when you had CPP coverage, keep going. If there is no way to make such an argument, you won't qualify.

4 Do You Qualify as Disabled?

Do you meet the criteria in the legislation?

A. The Criteria in the Legislation

CPP-D is governed by the Canada Pension Plan Act. Section 44(1)(b) provides benefits for CPP contributors who become "disabled". Section 42 of that Act provides the criteria for determining disability.

42(2) For the purposes of this Act,

- a person shall be considered to be disabled only if he is determined in prescribed manner to have a severe and prolonged mental or physical disability, and for the purposes of this paragraph,
  - a disability is **severe** only if by reason thereof the person in respect of whom the determination is made **is incapable regularly of pursuing any substantially gainful occupation,** and
  - a disability is **prolonged** only if it is determined in prescribed manner that the disability **is likely to be long continued and of indefinite duration** or is likely to result in death;

The onus of proof is on the applicants. In other words, it is up to applicants to put forward the evidence to demonstrate that they have a disability that is severe and prolonged.

The standard of proof is "reasonably satisfied" or "more likely than not". The adjudicator reviewing the evidence has to decide whether it is more likely than not that the applicant has a disability and that the applicant meets the severe and prolonged criteria. If so, benefits will be granted. If the adjudicator is not reasonably satisfied, s/he will deny benefits and the applicant can then appeal the decision.

There are three main questions addressed in this chapter:

1. What is your disability (Section B)
2. Is your disability severe (Section C)
3. Is your disability prolonged (Section D)

Then we point to some factors that are not considered (Section E)

B. What is Your Disability?

Disability and illness are not the same thing. You are not applying for CPP-D because you have FMS and/or ME/CFS (illnesses). You are applying because you have disabling symptoms which are a result of your illness(es).

Here is a chain that illustrates the distinction.

ILLNESS(ES) ⇨ **SYMPTOMS** ⇨ **IMPACT ON ACTIVITIES** ⇨ **IMPACT ON EMPLOYMENT**

Let's say you have FMS and your symptoms include pain and fibrofog. If the symptoms are mild, they will have relatively little impact on activities such as carrying on a conversation or travelling to the office. If the symptoms are severe, they will have a major impact. Since work probably involves carrying on conversations and travelling to the office, your symptoms may have a small or large impact on your ability to work.

Appendix A has three worksheets.

Sheet 1 lists a number of symptoms associated with ME/CFS and FMS. Check the ones that apply to you.

Sheet 2 lists a number of activities of living. Check the ones that are a problem for you.

Now ask yourself which symptoms on Sheet 1 make them a problem. You may find that other symptoms need to be added to Sheet 1. For instance, you may have difficulty carrying on conversations because of hearing loss, you may have difficult walking because of an old hip injury, or you may have difficulty in social situations because of motivational issues due to depression. If so, add hearing impairment, hip soreness or motivational issues to Sheet 1. Similarly, you may want to add activities to Sheet 2.

Marc tried filling in these sheets. One of his symptoms was waking up chilled which made it hard to get going in the morning. He added "getting going in the morning" to Sheet 2. Another activity that causes him considerable difficult is holding a pencil. He added that to Sheet 2, then wrote a special note about finger strength on Sheet 1.

Sheet 3 lists some requirements for the workplace – attendance, cooperation, etc. Check which ones are a problem for you.

Take a look at the job description of your old job. Are there other requirements that should be added to Worksheet 3? This will illustrate why you have difficulty with your old job. However, the test under the legislation is whether you can do "any" job. Therefore, try to generalize from what you said. If your job description involved driving a vehicle and your pain and concentration symptoms make that a problem, could you say that you would not be able to operate any machinery?

Now work back from Sheet 3 to Sheet 2 to see what activities limit your participation in the workforce, and then work back to Sheet 1 to see what symptoms are at play.

Hint: Take some time to complete these worksheets. They need to be thought through. It would be very helpful to have input from family or friends. It is quite possible you have compensated for some of your symptoms without realizing that you have done so.

The set of disabling symptoms (Worksheet 1) is the basis of your disability. The diagnosis or diagnoses explaining these symptoms form the medical explanation for your disability.

Take a look at the symptoms you have identified as important on Worksheet 1. Compare them to the diagnostic criteria in the Canadian Consensus Definitions for ME/CFS and FMS. Is there a good one-to-one fit? If so, you can base your submission on ME/CFS or FMS alone. If you find that you have included symptoms that are not ME/CFS or FMS related, base your submission on the combination of factors (e.g. ME/CFS and hearing loss, FMS and the hip injury, ME/CFS and depression.) If there isn't a good fit between ME/CFS or FMS and the symptoms on your worksheet, then you need to review your diagnosis with your health care provider.

Hint: Do not worry about having a number of illnesses listed. Here is a diagnosis that appeared in one appeal case: "The Appellant suffers from fibromyalgia, chronic fatigue, thoracic outlet syndrome, irritable bowel syndrome, panic disorder with agoraphobia, major depression and hypertension."

Finally, think back over your the medical care you have received. What is the evidence to support the diagnosis or diagnoses? Could the evidential support be strengthened (e.g. through a consultation with a rheumatologist)? If you have encountered a health professional who has questioned your symptoms or diagnosis and these comments appear on your medical record, this may cause you problems during your application. You will have to consider how to reconcile your application with what that person has written.

Key messages:

- **determine the set of symptoms that affect your ability to carry out activities and to work,**
- **ensure that your diagnoses align with these symptoms,**
- **consider whether the evidence on your medical records supports the diagnoses. Consider also whether any evidence on your medical record undermines the diagnoses,**
- **focus on your symptoms and activity limitations when describing your disability.**

C. Is Your Disability Severe?

One way to check if your disability is severe is to measure yourself using the Functional Capacity Scale in Appendix B. This scale was developed by Dr. Bested and Dr. Marshall of the Environmental Health Clinic of Ontario. If you generally score 6 or lower, it is very unlikely that you would be able to work. A score of 7 is borderline. At levels 8 and above, you are probably able to work unless there are other factors at play.

A second way to check if your disability is severe is to look at your work record before and after the onset of your disability. The test (outlined in CPP-D's "adjudication framework") is not clear-cut but here is a quote that provides some guidance:

"An individual, who is working to the maximum capacity that his or her disability permits, and whose earnings are less than ($960/month in 2011), is not productive and is not performing. This individual can be determined incapable of working at a substantially gainful level."

Persons earning a bit more than that might also be found to be incapable, but someone earning double that amount is unlikely to be found incapable.

Prior to 2014 the substantially gainful amount was specified in a (non-binding) guideline as equal to the maximum CPP retirement pension. In 2014 an amendment to the Regulations (Section 68.1) changed the definition to the (now binding) maximum CPP disability pension ($1,236.35/month in 2014).

A third way to check if your disability is severe is to review the worksheets in Appendix A to see if they are showing a significant degree of activity limitation.

Severity is a very important issue.

If, on one hand, you have low scores of functional capacity, major work disruption and significant activity limitation, this indicates that your disability is severe. Move forward with the confidence that your application is deserving on this point.

If, on the other hand, you have functional capacity score is 8 or higher, if you are showing little work disruption, or if you aren't experiencing a significant degree of activity limitation, you are unlikely to be found to have a severe disability.

If your functional capacity scores are borderline, if you can still do a bit of work and if your activity limitations are moderate, you need to consider carefully whether or not to proceed with your application for CPP-D. There could be a rationale for going forward with a CPP-D application but it might be better to focus on developing a viable work/health balance.

While it is relatively easy for you to determine whether your disability is severe, it can be much more difficult to demonstrate to the adjudicator that your disability is severe. The adjudicator needs to be convinced that your story is real. Perhaps you weren't working to your "maximum capacity" when your earnings fell below the threshold. Perhaps you were exaggerating your symptoms and activity limitations when describing your symptoms.

How can you demonstrate the real severity of your situation? One thing we know is that people with ME/CFS and FMS can become "invisible". Because of their activity limitations, they do not get out much and people may not come to them. People can feel as if they have disappeared from the face of the earth. How do people know your how disabled you are when they don't see you?

Have confidence that you are deserving, do what you reasonably can to demonstrate the severity of your disability and hope for the best. You may be turned down at adjudication and reconsideration but you could be successful at the hearing stage when you get to meet the decision makers face to face. To maximize the chances of getting your application accepted, here are some possible strategies.

- Keep a diary and include it in your submission.
- Try to get evidence of severity on your medical record. Give a copy of your diary or worksheets to your primary health care provider so that these are on your file and the record shows that you have discussed this with him/her.

- Get letters attesting to your situation from family, friends, neighbours, former work colleagues, religious adviser and other people who are aware of your situation (home care provider, massage therapist, etc)

- In your submission, go into detail about the impact your illness has had on your life. Talk about the adjustments you have had to make. Try to document those adjustments. For example, if you had to drop your favourite activity, say so and try to get a note from the activity leader. “Cathy belonged to our book club for 10 years and was very active. She dropped out because of her health. We were sorry to lose her.”

- Talk to your health care provider about any tests or referrals that can be done safely. Have the health care provider make a note even when a referral was not made. Example: “I thought about sending Max for a functional evaluation but I can see myself that he has very limited functioning and I believe it could be detrimental to his health.”

D. Is Your Disability Prolonged?

Nobody can predict your future and CPP-D staff don't expect you or your health care provider to do so. However, it is now well known that ME/CFS and FMS can be long-term conditions and CPP-D should assume this. That being said, it is very important that the health care provider state clearly on your CPP-D application that your disability is expected to be “long-continued and of indefinite duration”.

One problem you may encounter is the issue of treatments that were recommended but which you have not followed. These may come back to haunt you. It is a good idea to explain why in your submission.

Another problem is that adjudicators may come up with “what if” scenarios.

- What if it isn't really ME/CFS and instead it is lack of motivation? A quick visit to a psychotherapist could get the patient back in action.

- What if she had tried a different pain medications? It might do wonders for her pain and have her out dancing again.

- What if the patient had tried massage therapy as the doctor suggested? Perhaps that would have made a big difference.

You cannot anticipate all the “what if” scenarios, but you can try to assure the adjudicator that you are motivated to get better and that you are working with the health profession to the best of your ability to explore possible treatments.

E. Statements That are Not Relevant or Helpful

Be careful of statements like the following:

- I live in a town where the mill shut down and there are no jobs available. (Are you not working because of where you live or because you are disabled?)

- I am having trouble finding a job I can do because the economy is bad right now. (Are you not working because of economic conditions or because you are disabled?)

- I find it especially difficult to look for work right now because I am looking after my ailing parents. (Are you not working because of your family situation or because you are disabled?)

When determining whether or not you qualify for benefits, decision-makers do not consider your assets and other income, including disability benefits from another source. You don't have a better chance of being approved because you are short of funds. You don't get a lesser chance because you have assets or support.

You are not disqualified from receiving benefits if you live outside Canada. However, where you live may be relevant to your application. Examples: I moved in with my sister in Minnesota who takes care of me. I moved to Arizona because the Manitoba winters made my symptoms much worse

The Bottom Line

If you have a basis for arguing that you have a disability that is severe and prolonged, keep going. If you can't make such an argument, you won't qualify.

Putting together evidence to support your argument that your disability is severe and prolonged may be difficult. Do what you reasonably can.

If you decide that you need time to collect more evidence (e.g., by keeping an activity log to place yourself on the Functional Capacity Scale), submit your application first. You can always add evidence later.

5 Putting Together Your Application

Filling in the forms

A. The Application Kit

You must apply for CPP-D using the CPP-D application kit. The kit can be downloaded from the Service Canada website or you can obtain a kit from Service Canada.

In the future it may be possible to submit the application online, but for now the forms must be printed, dated and signed and then either mailed or hand-delivered to Service Canada.

If you download the application kit from the Service Canada website, you will be offered a choice of two formats: *hypertext markup language* (html) and *portable document format* (pdf). The pdf-formatted documents can be filled on the computer and printed. However, you cannot save your changes on the computer so you would have to fill in the final version of each form during a single session.

The application kit contains:

- the application form to be completed by you providing basic data – name, address, number of children etc.
- a questionnaire to be completed by you describing your disability
- a medical report form to be completed by the physician who is most familiar with your medical condition (after you fill in the first part.)
- two copies of a consent to release of information form. You fill in these forms and give one copy to your doctor and the other copy to Service Canada. This gives your doctor permission to share information with Service Canada, and gives Service Canada permission to seek additional information from your doctor if necessary.
- a CPP child rearing provision form which you should look at if you have children because it could affect your entitlements, and
- an explanatory booklet "to help you complete your application for disability benefits"

The minimum requirements for a complete application are:

- the application itself;
- the two questionnaires; and
- the consent form

These are date-stamped on receipt by Service Canada, and that date becomes the **date of application** (DOA).

> **Hint:** If your application is submitted in stages (frequently the medical report is sent in separately), the DOA is the date on which the application form itself is received. If it is fifteen months or more since you stopped work, send in your application and the Service Canada release form while you work on the questionnaires to ensure that you receive the maximum retroactivity. The authorities will then give you about 90 days to complete and submit the questionnaires.

B. Organizing the Evidence

a) Your medical records

Select the doctor who knows your disability the best. Hopefully the doctor will already have a complete record of all investigations and treatments. Discuss with your doctor your intention to apply for disability benefits before asking the doctor to complete the Medical Report.

- If you have changed doctors during the period you want to cover, you can authorize your doctor's office to request copies of your old records.

- Review with your doctor's office that all the specialists you have seen have in fact sent their reports and check up on those who haven't.

- If you have been receiving treatments from other health care professionals, either on referral from your doctor or on your own initiative (physiotherapy, massage, acupuncture, chiropractic, counselling, community care etc.), ask them to send a short written report to your doctor confirming the treatments, the period over which they were provided, and any additional comments they may care to make.

- If you have been taking prescription medications, request copies of your medication records from all the pharmacies you use.

b) Other evidence.

- If you have been dealing with another agency for your condition (disability insurer, Workers' Compensation), request that a copy of your file be sent directly to CPP.

- You have the option to submit with your application supportive letters from family members, close friends, and your former employer and colleagues. This "third-party testimony" can be particularly helpful if the writers have known you for a long time and can testify to the changes in your abilities after you became ill. If you decide to do this, now is the time to ask them so that they have plenty of time to prepare their letters.

Hint: It may take some time to put together all the material for your application. Do not delay your application unduly. Additional evidence can be submitted later.

C. Specific Issues in Completing the Application

(This section should be read in conjunction with the "General Information and Guide" which is included in the application kit.)

Hint: You don't have to fit all your information into the space provided on the form. If you want to expand on any section, feel free to write the information on a separate sheet. Write "see attached" in the appropriate sections of the application. Ensure that each page is headed by your name, Social Insurance Number and the title of the relevant form.

MEDICAL REPORT

Hint: The fee paid to your doctor by CPP for completion of this report is up to $85, about equivalent to 30 minutes of your doctor's time. This is very little time to complete the work. Some doctors charge extra for supplementing the medical report. Try to simplify the task as much as you can by ensuring everything that you give the doctor is organized.

- Make an appointment to see your doctor.

- Give the doctor a completed **Consent form**. This gives the doctor the necessary authority to share your medical information with CPP-D.

- Give your doctor the **Medical Report form** with the personal information section completed. To help your doctor, take your symptom list and the list of your main symptoms and their impact (see Appendix A) and, if you have it in draft form, your Questionnaire for Disability Benefits.

Hint: Penny had a good relationship with her doctor. She felt comfortable giving him a spare copy of the Medical report form with suggested answers pencilled in. She told him that she hoped it would save him some time and perhaps prevent some points from being overlooked. She readily acknowledged that this is the doctor's form and it is his credibility on the line so he was free to rewrite or change anything she had suggested.

- Ask your doctor to attach a copy of your entire chart to the Report; i.e. specialists' letters, test results, any records of your visits to hospital emergency departments, physiotherapy (etc.) reports and the

notes from your visits. You may be charged for the photocopying.

- Your doctor will probably forward the completed form directly to CPP, keeping a copy for your chart .You may ask for an additional copy for your own records .

APPLICATION:

Be sure to provide all the required information legibly and in ink. Note the instruction to attach a voided blank cheque if you wish your benefits to be paid by direct deposit. If a representative is completing this application on your behalf, the representative must complete Part 3 on page 4 of the application.

DISABILITY QUESTIONNAIRE:

- Question 7 should be left blank unless you were self-employed. If you were self-employed, you should attach copies of your tax summaries for the last two years of business activity.

- Question 10: You may have made a formal agreement with your employer to carry a lighter workload or reduced hours of work; or you may have taken all your vacation/sick leave and leave without pay in order to rest. In either case, your answer to this question is "yes", with the appropriate explanation.

- Questions 11 & 12: If you answer "yes" to either of these questions, your application will probably be denied. According to current interpretations of the Act, CPP does not provide benefits for temporary disability.

- Question 15: Only answer "yes" if you received **regular** EI benefits. If you received **medical** EI benefits, you should answer "no". (Regular EI benefits are normally assumed to mean the recipient is able and willing to work. If this applies to you, it does not automatically disqualify you, but your situation will have to be explained.)

- Question 16: The date you could no longer work (your claimed Date of Onset) is usually the date you stopped work. If you believe it was a different date, say so.

- Question 18: In this section write all the diagnoses whose symptoms have a direct effect on your ability to function, e.g. ME/CFS, FMS. Include conditions which are frequently associated with the main medical condition, such as Irritable Bowel Syndrome, and any other conditions which affect your ability to function. (See Chapter 4)

- Question 19: Worksheet 3 should identify the basic job requirements you are unable to do. Your most severe symptoms (from Worksheet 1) will explain why you are unable to do them.

- Question 21: Group your "other activities" into categories: physical recreations; social life; hobbies; volunteer work; support group participation, etc. If your condition worsened over a period of years, you probably dropped each category in a sequence as your ability to cope with its demands decreased.

- Question 22: If your case is typical, it will be difficult to do justice to your symptoms in the space on the form, and we recommend you answer this question on a separate sheet of paper.

  You could say that your symptoms vary in severity from day to day; that in an average month you are housebound for *(number)* days, able to do minor essential activities (e.g. medical appointments) on *(number)* days, and able to do more strenuous activities, if at all, on the remainder. Specify what you mean by more strenuous activities. For you it might mean going to the next door neighbour's for coffee. For a healthy person, it could mean shoveling topsoil.

  If otherwise routine activities (personal care, housework, cooking) take a long time or require help, or if your spouse/partner has taken over some or all of the routine tasks, say so. Worksheet 2 will help you organize your answers.

  Try to relate each question to your normal activities: How long can you sit before you have to change position? If you are standing in a queue, how long is it before you have to shift or sit down? Do you ever take walks (do you have a dog?), and how far? Or what are your physical limits at the local supermarket or shopping mall - do you use a shopping cart for support, and are you able to load/unload your shopping without assistance? How difficult is it for you to reach for something on a shelf, or to unload a dishwasher?

  If your mental abilities have declined, it is quite possible you have compensated without realizing you have done so. Do you avoid noisy or brightly-lit locations because they are distracting? Do you write yourself little reminders? Do you need to write down a phone number before dialing? Do you try to avoid driving after dark or during rush hour?

- Question 24: Do not restrict yourself to the last two years. List all the physicians you have seen since you became ill.

- Question 26: Attach the pharmacy printout of your medication history. If you had to discontinue some medications because of unpleasant side reactions, point this out and confirm that it was done in consultation with your doctor.
- Question 27: List all the treatments you have tried/are continuing to receive - including any "alternative medicine" approaches. If reports are available and were not included with your doctor's report, attach them to your application.
- Question 29: Include any accommodations you have made for your condition, e.g., grab bars in the bathroom, relocating bed to main floor.
- Questions 30: Answer "Yes", with the condition that your participation should be subject to your doctor's agreement that it will not worsen your condition.

ADDITIONAL INFORMATION

If you feel that your completed questionnaires have not fully captured the impact of your illness on your life, you can include a covering letter to "fill in the gaps". You can do this in the form of a personal history, emphasizing key incidents (birthdays, family gatherings, etc.) when your condition prevented you from participating, and/or by describing a "typical" day, or in any other way you choose. If you have kept a personal diary noting the day-to-day variations in your symptoms and activities, this will provide good reference material for a personal letter.

You can include any other material you think relevant.

D. Submitting the Application

Make sure you have all the documents (there is a checklist on page 10 of the information guide), and that:

- you have written your Social Insurance Number (SIN) on each page of every form;
- you have signed and dated each form where indicated; and
- each page of any attached document is identified with your name and SIN.

If you live close to a Service Canada office, the safest way to submit your application is in person (or a friend can do it for you). This is particularly convenient if there are documents (e.g., birth certificates) which need to be certified. Make an appointment, and the Service Canada agent can make and certify photocopies of the documents at the same time. If this is not convenient, arrange to have the photocopies made and certified separately (see pages 4 & 5 of the information guide) and mail the completed application to Service Canada; registered mail is recommended.

Hint: We recommend strongly that you keep a copy of your application for your own reference. However, you are entitled to ask CPP for a copy of your file at no charge, should the need arise.

E. What Happens Next

Hint: You will almost certainly get a telephone call from Service Canada as they review your file. This is an opportunity to talk to the adjudicator. Answer their questions truthfully without forgetting your core message – that you would like to be able to participate in the workforce, that you have a disability that is severe and prolonged which prevents you from doing so, and that you contributed to CPP which covers you in situations like this.

If there is any information missing, an agent may contact you or your doctor and ask for it.

The assessment of your application will take approximately three to six months.

If your application is approved, you will receive a letter headed "Notice of Entitlement"; this will be discussed in Chapter 7 of this Guide.

If your application is denied, you will receive a letter explaining the reasons for denial and advising you of your right to appeal.

If your application is approved but the Date of Onset is later than you wanted, you can decide to accept it or you can appeal it. Remember that if you appeal the Date of Onset, the decision to grant you benefits could be overturned.

6 If You Are Turned Down

Here is how you keep going

APPEALS

You may feel hurt, rejected, tired and frustrated to have your initial application turned down. You may not want to have anything else to do with the system. We understand that. But we would nevertheless advise you not to take the denial of your application personally. Historically, just less than half the applications are accepted at the initial application stage.

If you still believe that you have a valid application, then you should appeal. Historically, more than half of the people who go through the appeal process are successful. Many people drop out at this stage. The available evidence suggests that many of them are in fact disabled and could have been approved for benefits if they had appealed.

The CPP Act defines a sequence of three appeals.

- The first appeal ("Reconsideration") is an internal review by CPP adjudication staff.
- The second appeal is to the Social Security Tribunal – General Division – Income Security Section.
- The third appeal is to the Social Security Tribunal – Appeals Division.

The Social Security Tribunal (SST) is an independent agency created in 2012 in the *Jobs, Growth and Long-term Prosperity Act*, replacing the CPP Review Tribunals and the Pension Appeals Board which used to hear CPP-D appeals. The SST began operations on April 1, 2013. At the time of writing (December 2014), we have observed several issues around the SST:

- The SST has different rules of procedure than the Review Tribunals and Pension Appeals Board which it replaced. Review Tribunals and the Pension Appeals Board learned from experience that people with disabilities, whether or not they meet the CPP definition, are even more allergic to red tape than the average citizen. Both bodies, while remaining strictly impartial, managed to adjust their procedures to accommodate at least some of the difficulties experienced by appellants. There was apparently no consultation with either agency when the SST legislation was being prepared. The new agency's procedures do not recognize many of the special circumstances of disabled applicants. The SST may evolve into a more user-friendly organization in the future. In fact, there was a rule change in April 2014 that recognized one particular issue.
- The SST has dealt with and made decisions in relatively few cases which means that we don't have much information on how it proceeds or on its reasons for deciding appeals.
- There is a significant backlog of appeals, both new and inherited from the former agencies, meaning there could be a long wait before your case is considered. The wait list has come to the government's attention and they are considering special measures to speed up processing.

Current appellants are likely to find dealing with the SST a frustrating experience. Try hard to have your application approved at the reconsideration stage. If you are turned down at reconsideration, we recommend that you appeal to the SST but we suggest that you get professional help to navigate the system.

The remainder of this chapter describes the appeal system and gives suggestions on how to deal with the challenges.

A. Reconsideration

If your original application is denied, you will receive a letter stating the reasons for denial of benefits. The denial letter will include a summary of the evidence used by the adjudicator to reach his/her conclusion. The letter then advises you of your right to appeal and tells you where to send your appeal letter.

If you still believe you should be considered for CPP-D benefits, all you have to do is send a written request for reconsideration within 90 days of your receipt of the letter of denial. We recommend that you state your reasons for appealing in the body of your letter and attach additional material supporting your appeal. This is an opportunity to strengthen your case.

Because the SST is still an unknown quantity, it will be best if you can avoid having to go beyond the reconsideration stage, and that means trying to give explicit and detailed reasons for your appeal. What follows is not an exhaustive list of steps, but may help you to make your own case.

STEP 1: Set yourself a deadline date for submitting your request for reconsideration and stick to it. The rule is that you must make your request for reconsideration in writing within 90 days after you receive the written decision. Being notified can be interpreted several ways – when the denial letter was sent, when the denial letter arrived, or when you actually opened it (if for example you were away from home when it arrived). Write the date you first saw the denial letter on the letter so you have a record of that date. However, to be safe, calculate the deadline from the date on the letter. Ninety days is one day less than 13 weeks. It could take a few days for the appeal letter to get to the CPP office. So set your deadline for sending the request for reconsideration 11 weeks from the date on the denial letter.

If the denial letter is dated March 1, set yourself a deadline of May 17(11 weeks away) to put your request for reconsideration in the mail. You can, of course, send your letter before then. There is a little flexibility built in so you can send your request a few days after the deadline you set and still meet the technical deadline. If it goes in much later, you will have to try arguing that your disability made it impossible for you to meet the deadline - you are really complicating your life. It is better to be safe and stick to your deadline.

STEP 2: Read the reasons for denial very carefully.

- The most common reason is, “we have concluded that you should still be able to do some type of work.” (It would be more precise to say that you have not made your case; remember that the onus is on you to prove that you are disabled.) If this is the reason, you have to put emphasis on your disability being severe and prolonged. (Reread chapter 4)

- Another possibility is that the adjudicator has concluded that the date of onset of your disability was outside your Minimum Qualifying Period. If this is the reason, you have to focus on when your disability started. (Reread chapter 3)

STEP 3: Review the evidence CPP used to arrive at the decision.

- Double-check any references to medical reports in the denial letter, to make sure nothing has been omitted, misquoted or taken out of context. If something has, then point this out in your letter applying for reconsideration.

- If you have multiple diagnoses, has the adjudicator over- or under-emphasized one of your conditions, particularly as it relates to impairments? If so, discuss this in your letter.

- Has the adjudicator suggested or implied that ME/CFS or FMS is a curable condition? Remind the adjudicator in your letter that available treatments are focused on management rather than cure.

- If the denial letter states you are ineligible for benefits because there are therapies you have not yet tried, consult with your doctor who is in fact the only person who should be deciding what your treatment ought to be.

- Is there existing medical evidence which has not yet been submitted to CPP - perhaps a specialist report was received after you applied to CPP? If there is an issue around your Minimum Qualifying Period, perhaps there are older reports that you had not thought to submit in your original application. You can compile this evidence and include it with your letter.

- Is there new medical evidence that would support your application? Your doctor may be able to comment on treatments that have been explored since your original application. Perhaps there are assessments that could be scheduled which would support your application. Discuss these with your doctor.

- Is there non-medical evidence, such as an unsuccessful attempt to return to work, which should be brought to the adjudicator's attention? Describe this in your letter, and perhaps attach documentation like a letter from the employer.

- If the denial letter does indeed suggest "you should still be able to do some type of work", is there any reference to the hypothetical work being "substantially gainful"? (A 2014 amendment to the CPP Regulations defines "substantially gainful" as equal to, or greater than, the maximum disability benefit. The CPP-D maximum in 2013 was $14,554.80.)

If you are not sure what information CPP has, you have the right to request a copy of your file. The request can be included in your appeal letter or in a separate letter sent at any time, but do not delay your appeal while waiting for CPP to respond.

STEP 4: Talk to other people. Give a copy of the denial letter to your doctor, to your family, to your friends and to your legal adviser if you have one. See if they have suggestions on what can be done to support your appeal. Your doctor especially may suggest going for other assessments. Your doctor or a friend may be prepared to write supplementary material for your appeal.

STEP 5: Prepare and mail your letter on or before your deadline. Don't forget to include the date you received the denial, together with your name, address, phone number, SIN, and signature. If you don't have all your material ready, send the letter anyway and say that you are still preparing material which you will submit as soon as you can. It is far better to submit an incomplete appeal than to miss the 90-day deadline. There will usually be a couple of months to add information after the appeal letter is sent and before any decision is made.

We suggest that you send your material by registered mail or courier service so you can track the package and confirm its arrival.

What's Next? The reconsideration is carried out by the regional office of CPP. The staff reviewing this appeal will not have been involved in adjudicating your original application. A fresh set of eyes will be looking at your application. This gives you another chance.

CPP may request that you attend an “independent medical examination”, but rarely does so at this stage (see Appendix “C” for tips on IMEs). Generally you will hear nothing until the decision arrives in the mail.

The time for reconsideration appeals to be processed varies. A typical duration is about six months.

If the reconsideration results in an approval of benefits, you will receive a Notice of Entitlement. This is discussed in chapter 7.

If the reconsideration results in a denial of benefits, you will receive a letter of explanation which will explain the decision and notify you of your right to appeal, this time to the Social Security Tribunal.

B. Social Security Tribunal - General Division – Income Security Section

You have just found out that you have been turned down at the reconsideration stage. Once again, you feel hurt, rejected, tired and frustrated. You ask yourself whether you still believe that you should be receiving CPP-D benefits. If the answer is yes, you go to the next stage of appeal, the Income Security section of the General Division of the SST.

The Social Security Tribunal is an independent body, created by statute to administer the second and third levels of appeals under the CPP, OAS (Old Age Security) and Employment Insurance (EI) legislation. The Chairperson of the SST reports to Parliament through the minister responsible for CPP (currently the Minister of Employment and Social Development), but you and CPP (technically, the Minister) have equal standing at an appeal hearing. You are called the “appellant” and the Minister is the “respondent”. The person deciding the case is called the “Member” (as in Member of the SST).

It is important to note that, while the process is still adversarial (you against CPP), the SST itself is impartial. Its job is:

- to identify people who truly qualify for CPP-D (true positives)
- to reject people who don't qualify for CPP-D (true negatives)

Think of the SST as having the job of balancing the public's wish to support Canadians who need disability supports with the public's wish not to spend money on people who do not meet the criteria for CPP-Disability. The SST doesn't want to turn down someone who should qualify (this would be a false negative) or approve someone who shouldn't qualify (this would be a false positive).

The SST has a General Division and an Appeals Division. The General Division has two sections, the Income Security Section (for CPP and OAS cases) and an Employment Insurance Section for EI cases. The Appeals Division hears appeals of General Division decisions. There is a "Hearing Information" page on the SST's website which you should study carefully when the time comes

Contact information:

Phone:	**1-877-227-8577 (toll-free)**
Fax:	**1-855-814-4177 (toll-free)**
Mail:	**PO Box 9812, Station T, SPC Ottawa, ON., K1G 6S3.**
Email:	info.sst-tss@canada.gc.ca
Website:	www.canada.gc.ca/sst-tss

For this appeal, you will go through the same five steps that you went through applying for reconsideration:

- setting a deadline for yourself eleven weeks ahead (the rule for this appeal is 90 days from the date you received the decision)
- reviewing the decision

- reviewing the evidence used to arrive at the decision
- consulting with your doctor, family, friends and legal adviser (and we repeat our recommendation to get professional help at this stage)
- compiling and sending the notice of appeal on or before the deadline you set.

There are two special notes about sending the appeal.

Firstly, the SST legislation includes a section on "Electronic Administration or Enforcement" which allows for documents to be filed with the SST in electronic form (fax, email attachments or via the internet). These are not the most secure ways of protecting one's privacy, and we recommend that any communication which includes (for example) your personal medical information be sent by registered mail, courier or equivalent.

Secondly, the SST has a standard Notice of Appeal form.

- You can use the Notice of Appeal form from the SST website, either by printing the blank form and completing it by hand, or by filling it in on your computer and printing the completed Notice.
- You can call the SST's toll-free line and ask that a form be sent to you, or
- You can write your own letter requesting an appeal. Just make sure that you include all the required information including your name, SIN, address and telephone number, fax number (if you have one) and email address (if you have one) along with why you believe the reconsideration decision should be changed and a list of documents supporting your case. The letter should include a declaration before your signature: “I declare that to the best of my knowledge and belief, all the information in this Notice of Appeal is true and complete”.

The Notice of Appeal form is relatively straightforward. There are only two sections which could cause problems. Section 2(b) asks for an explanation if you are submitting a late appeal, which is not applicable if you are within the 90-day time limit. Section 2(c) asks for your reasons for appealing. To complete 2(c), you need the same analysis of the reconsideration decision that you did when appealing the first denial. You can list your reasons in point form. If you know that you will be submitting additional documents but do not yet have them, add a statement to this effect at the end of 2(c). List any documents you do have in Section 2(d) and include them

with your appeal. If you run out of space on the form, add an extra sheet, making sure it is clearly identified with your name, SIN, and reference to the relevant section of the form.

Section 3 of the Notice of Appeal form asks for your representative information, if you have one. If you do, you must include with your Notice of Appeal a completed "Authorization to Disclose" form which will allow the SST to provide your file and other documents/information to your representative. If you do not have a representative when you appeal but subsequently find one, the Authorization form can be sent in separately at a later date. If you have a representative, all communications from the SST will be sent to him/her, and it's probably sensible if all your communications to the SST are also channelled through your representative.

A complete Notice of Appeal will consist of: The completed Notice of Appeal form, with attachments (if any), or equivalent; a copy of the reconsideration denial letter; and a completed Authorization to Disclose form (if you have a representative). This should be sent to the SST by fax or courier/registered mail, depending on the sensitivity of the attached documents.

Next steps:

- The SST will acknowledge receipt of your appeal (or notify you if it is considered to be incomplete)
- The SST will send a copy of the appeal to CPP (the respondent Minister) "without delay".
- The Minister is required to provide a copy of your application and appeal file to the SST "within 20 days", and
- The SST should then forward a copy to your representative or you "without delay".

Although "without delay" and "20 days" are specified in the Regulations, this phase of the process is currently taking several months because of the backlog of appeals.

This may be the first time you have seen your complete file, and it is most important that you and your representative review it carefully to make sure that nothing is missing and that there is nothing that doesn't belong there. Any supplementary material and/or corrections must be sent to the Tribunal (**not CPP**), which will forward a copy to the respondent.

If you have questions during this period, call the SST toll-free number for assistance. The call centre will either answer your question or refer it to a staff member, who is supposed to return your call within three business days.

At this stage, some cases are settled through agreement with CPP.

What happens next is not entirely clear. When the SST was created, the regulations said that you and the respondent have 365 days to file additional information unless both sides formally indicate they have nothing more to file by signing a **Notice of Readiness** or equivalent. Originally, the Notice of Readiness included a commitment not to file more documents. In the orderly world of legal processes this requirement would not be a problem. But in the complex world of chronic illness when a patient is under continuous medical care, it is always possible that new evidence will come to light, and it is therefore impossible to say with certainty that **all** the relevant documents have been submitted. Besides, the hearing could be months or years away, so applicants do not want to promise to have no new information in the future. This becomes even more significant when we consider that the onus is on you, the applicant/appellant, to prove not only that you were disabled when last eligible but also that you continue to be disabled up to the present. You **need** the option of submitting additional evidence.

With the April 2014 procedural amendments, the rules were softened. Now parties can submit new documents until shortly before the case is considered, and can even submit documents at the last minute with the permission of the Member, as outlined below:

Hearing Information Form: You or your representative will be sent this form at (about) the end of the 365-day period. It asks for certain basic information about availability (over the next 365 days); whether or not you

will have any witnesses at a hearing; if you need an interpreter, and if so, which language.

There is also a question about the forms of hearing: "Are there any forms of hearing in which you could not participate?" The alternatives are:

- written questions and answers;
- teleconference;
- videoconference (at a Service Canada centre);
- personal appearance of the parties (at a Service Canada centre).

Note that the question asks about your **ability** (physical and/or mental) to participate, rather than your **preference**. **However, you should attach a brief note stating your preference, preferably with reasons.**

Many people with ME/CFS or FM would have difficulty getting to a Service Canada centre, both physically and financially. (Previously, the Review Tribunals covered travel expenses. Now, applicants are responsible for their travel expenses, although the Tribunal Chairperson has the discretion to reimburse appellants in special circumstances.) However, you must keep in mind that the purpose of the hearing is to determine if you have a severe and prolonged disability. The paper documentation hasn't convinced the original adjudicator or the adjudicator on reconsideration. Therefore, it is your best interest to have a personal appearance.

> [A] retired doctor who heard appeals under the previous system says he could not have made fair decisions without meeting claimants face to face. “I can tell you there were a couple of times when you would say to yourself, ‘This is a slam dunk for denial,’ until the human walked in,” said George Sapp, who lives near Halifax. “Then you would see the person that’s attached to the file. And sometimes it took you back. And you listened.”
>
> The Globe and Mail, *"Tribunal can deny in-person appeals in disability benefits cases" , July 6, 2014.*

"Ready to Proceed"

When the 365-day period specified is up or when the two sides submit Notices of Readiness, the case can be assigned to a **Tribunal Member**. Older cases and exceptional cases (notably terminal illnesses) are being assigned first. You or your representative will receive a letter advising you of this, asking you to submit any additional documents you wish to file, and to contact the Tribunal immediately if you are not ready to proceed.

Tribunal Member: This person is the sole decision-maker. S/he has full discretion to:

- Summarily dismiss your appeal if it appears to have "no reasonable chance of success"; or
- Decide your appeal solely on the basis of the documents and submissions already received; or
- Proceed to a hearing, and determine the form of the hearing (as above: written questions and answers; teleconference; videoconference; or an in-person hearing).

If summary dismissal is contemplated, you must be given written notice and an opportunity to submit reasons and argument why this is inappropriate. If the Member maintains his/her decision to dismiss, you have the right to appeal this to the Appeal Division of the SST.

"Notice of Hearing"

After your file has been reviewed by the Tribunal Member, s/he will determine the form of hearing to be used for your appeal and you will be sent a formal Notice of Hearing letter. This will include the following information:

- The form of hearing selected, with reasons;
- The "filing period": the date by which the parties to the appeal (you and the Minister) must file additional documents and/or submissions, copies of which will be forwarded to the other party. (If you haven't received a "Minister's Submission" previously, this is when you should expect to see CPP's explanation of their earlier decisions);
- The "response period": the 30-day period allowed for responding to any new documents or submissions (although submissions may be made after this period in exceptional circumstances, this is really your final opportunity to rebut CPP's claims); and
- Details of the hearing: date, time and location (subject to change if required by changing circumstances).

Preparing for a hearing: "Hope for the best, but prepare for the worst," is good advice. The best that can happen in this situation is the Tribunal Member decides your case will be best resolved through an in-person hearing. You, your representative and (rarely) someone from CPP will attend a face-to-face hearing at which you will make a presentation and answer questions. The worst that can happen is a decision to conduct yet another file review.

You should cover this possibility by preparing a written submission which describes in detail what you would have said at an in-person hearing.

This will probably include:

- A brief history of your medical condition(s) and their impact on you (both employment and your personal life);
- Your efforts to find suitable treatment;
- Your attempts to continue working or find alternative work;
- Your current impairments ("Describe a typical day/ week/month" is a useful approach).

You may have already covered this ground in your application and/or appeal letters. There will be no harm in repeating yourself. **Note: Under the existing process, you will have the option of submitting this during the filing period or of reading it at your hearing (if this is by tele- or videoconference or face-to-face). You must send it in during the filing period if there is to be no in-person hearing.**

Face-to-face Hearings: Accept that the Tribunal Member will have read your Hearing File carefully and will be familiar with its contents. Unless you can prove otherwise, assume that CPP has accurately summarized your medical evidence in its "Explanation of the Decision". What has been missing to this point is the "personal touch". This will be the first time in the process that you meet the decision-maker face-to-face. Try to explain to the Tribunal Member exactly how your illness affects your daily life and ability to function. Friends and family members who know you well can be called as witnesses to your limitations.

- ***Appearance at the Hearing:*** Your best strategy at an appeal hearing is to be honest. This applies not only to what you say, but to what you wear (suggestion: what you would normally wear for a doctor's appointment) and how you behave (suggestion: if you need to stand up and move around to relax your muscles, just do it). You should not exaggerate your case, nor should you understate it.
- ***What to Expect:*** If the hearing is your first ever experience of a judicial-type process, it can be very intimidating. Some people who hear appeals are polite and supportive while others take a more aggressive (or seemingly unfriendly) approach. Do not be put off by the second approach. Keep your cool, stand your ground, and be respectful. If you need more time to answer a question, say so. If you do not understand a question, ask that it be repeated or clarified. The Tribunal Member is there to give you a fair hearing and decide on the merits of your case. Even if s/he is unfriendly and aggressive, the decision could still be in your favour. The Tribunal Member will question you and consider all the evidence, including verbal testimony provided by you and any other witnesses. CPP's earlier decisions will not influence the Tribunal. (This is a so-called "hearing *de novo*".)
- ***The role of your Representative:*** Your representative should guide you through your presentation (this will have been thoroughly discussed and rehearsed beforehand); prompt you if you appear to be losing the thread of your testimony; protect you if things start to go "off track"; and deliver the closing summary at the end of the hearing. Remember, though, that one of the main purposes of a face-to-face hearing is to get the decision-maker to walk a mile in your shoes; the more of the presentation you do personally, the better the chance of a successful result.

Videoconference Hearings: If you are not familiar with videoconferencing (which is probable), do a little research of your own. In the United States, the Social Security Administration has been conducting disability appeals via videoconferencing for a number of years. The use of the technology for employment interviews is increasing rapidly. There are numerous sites on the internet with tips for a successful interview, and many of these can be applied to an appeal hearing.

- ***What to expect at the Hearing:*** In theory, the technology will be "transparent" and the hearing will be identical to a face-to-face hearing. In practice, there will be differences. Body language may be more difficult to read, and the camera and microphone may not distinguish between significant and trivial actions or sounds. Try to maintain eye contact, apparently this is important. Obviously, these comments also apply to your representative and any witnesses.

Teleconference Hearings: In our opinion, it is unlikely that a person with ME/CFS or FM can have a fair hearing by teleconference, but we need to be prepared for the possibility. As well (see the "Hearing Information" page on the SST website), it appears that you will be responsible for providing a telephone - unlike videoconferencing, where Service Canada's facilities are used.

♦ ***Preparing for the Hearing:*** Review of the teleconference advice on the internet suggests the following:

- Use a landline, not a cellphone;
- If you have a representative and/or witnesses, use a single location with a speakerphone;
- Make sure there are no (actual or potential) distractions: children, pets, call waiting signals;
- Be comfortable, but sit at a desk or hard surface in case you need to make notes.

At the Hearing:

- Don't smoke, eat or drink, but have glasses of water handy for everyone;
- Make sure all the participants are identified, at all locations;
- Wait for the questioner to finish speaking before answering;
- If you are not sure you understood the question, ask for it to be repeated;
- Speak slowly and clearly - try to avoid the "um"s and "er"s.

After the Hearing: Regardless of the form of hearing used, discuss the experience with everyone who was present and make notes of the significant points. This is important because the grounds for an appeal (should one be necessary) will be limited to errors of fact or law in the hearing and decision; new evidence will not be permitted.

Tribunal Decision: The Tribunal decision will be sent to your representative by regular mail.

If the decision is in your favour it will specify a date of onset for your disability in addition to declaring that you are in fact disabled. The Minister has the right to appeal, so your payments will not start before the appeal period has run out. If the decision is not in your favour, you can apply for permission to appeal to the Appeal Division of the SST.

C. Social Security Tribunal - Appeal Division

The contact information for the SST's Appeal Division is the same as for the General Division.

Either party can appeal a General Division decision, but it is not an automatic right. An **Application for Leave To Appeal** must be received by the Appeal Division within 90 days of your receipt of the General Division's decision. (Note that the time limit includes mail time.) Information on how to do this and a Notice of Appeal form are available on the SST's website.

A second major difference between this and the earlier stages of the application/appeal process is that your condition is no longer the major focus of the appeal. Instead, the appeal looks at the manner in which the previous decision was made: The legislation allows for only a few specified grounds for an appeal. Were all the (legal) "i"s dotted and "t"s crossed? Was there an "erroneous finding of fact, . . . made in a perverse or capricious manner"? And so on . . .

Finally, as a consequence of the changed focus, you will not be allowed to submit any additional evidence. Your Application and (if Leave is granted) the subsequent appeal will be decided by considering the same evidence that was before the General Division. We have already noted the possibility that this restriction does not seem appropriate for chronic illnesses, and we cannot predict how it will affect future appeals.

Mandate of the Appeal Division: "The Appeal Division may dismiss the appeal, give the decision that the General Division should have given, refer the matter back to the General Division for reconsideration in accordance with any directions that the Appeal Division considers appropriate or confirm, rescind or vary the decision of the General Division in whole or in part."

It is worth noting in particular the phrase, "give the decision that the General Division should have given", which means that, in a successful appeal, the previous decision will be reversed rather than simply quashed and sent back to the lower division for a redetermination.

Your Application for Leave to Appeal will be reviewed by a Tribunal Member who is - most probably - a lawyer. If Leave is granted, your Application becomes a Notice of Appeal; a copy will be sent to CPP, where another lawyer will have the responsibility for dealing with it. Eventually,

your appeal will be decided by (very likely) a third lawyer. If you haven't already discovered this, there are technical terms at every stage of any legal process. Worse still, sometimes the legal profession takes ordinary words and attaches specialized meanings to them (lawyers are not alone in this). It is therefore of vital importance that whoever is presenting your case should "speak the language", to ensure that your appeal has the best chance of succeeding. So, while we have done our best to provide you with a reliable summary of the process to this stage, our principal recommendation is that you seek the assistance of a qualified person.

D. Judicial Review

A request for Judicial Review of an Appeal Division decision is not to be undertaken lightly. To be successful, you must satisfy the Court that there has been a serious error of fact or interpretation of the law in the SST's decision.

The rules of procedure are strict and very formal. You are allowed to represent yourself, but if you are not self-represented, the rules state you must be represented by a lawyer.

If you wish to explore this option, consult a lawyer and/or the Federal Court Office in your province. Unless the Court rules otherwise, you are responsible for all your costs and fees related to the action. CPP is entitled to ask that you pay their costs as well.

A denial of an Application for Leave to Appeal is also subject to Judicial Review by the Federal Court.

E. Appeals—Frequently Asked Questions

Q: I applied for CPP-D and was turned down. I didn't appeal. Can I apply again?

A: Yes, you are allowed to submit multiple applications, but only one will be considered at a time. If nothing has changed, your new application will be reviewed using the same evidence and MQP as the first application. However, if the second application is successful, any retroactive payment of benefits will be based on the second date of application. If you didn't appeal a Reconsideration decision, the same applies.

But a Social Security Tribunal decision is final unless it is appealed (the legal principle of *res judicata* - Latin for "the matter has been settled" - applies). All the evidence considered by the Tribunal is off the table, and you will need new evidence and/or a change in MQP to have a chance of success.

Q: I missed the appeal deadline; what are my options?

A: At each level of the appeal process, the "Minister" (i.e., CPP), the General Division of the SST, or the Appeal Division of the SST, as the case may be, has the discretion to accept a late appeal. The SST has a time limit of one year from the date the decision was communicated. The decision to accept a late appeal is subject to Judicial Review and must be defended in court if it is challenged. The factors to be considered include:

- Is there evidence of a continuing intention to pursue the appeal?
- Is there a reasonable explanation for the delay?
- Is there an arguable case?
- Is it 'without prejudice' to the Minister?

Simply stating "I forgot" is not an acceptable explanation. If one of your treating physicians is willing to sign a "**Declaration of Incapacity**" form (obtainable from Service Canada) or to write an equivalent letter to the effect that you were unable medically to appeal within the deadline, a late appeal could be accepted. Otherwise, your only option is to re-apply.

Q: Can I request a time extension?

A: Requests for an extension of time are a commonly-used tactic in legal processes, and are usually granted when the request is made **within the specified time frame**. However, at the Reconsideration and SST (General Division) stages of the CPP process - where the right of appeal is automatic - any statement of intent to appeal is accepted as an appeal. There is therefore no need to request an extension. A request would be appropriate if you need more time to prepare an Application for Leave to Appeal to the SST (Appeal Division).

Q: Am I allowed to submit new evidence after I received the decision?

A: The SST Regulations allow for the re-examination ("rescission or amendment") of a decision on the submission of "new facts". There is a one-year time limit.

The legal test for what might constitute "new facts" is:

- The evidence must be genuinely "new", not a repetition of evidence already considered;
- It must not have been discoverable earlier by the exercise of reasonable diligence; and
- It must have the potential to change the previous decision.

Example: If an appeal based on a diagnosis of FMS had been denied and the applicant was subsequently given an additional diagnosis of long-standing depression, the depression would be a "new fact" and the decision could be re-opened. However, confirmation of the original FMS diagnosis by a different specialist would not be a "new fact".

Q: My application/appeal has been allowed but the Date of Onset that they picked is later than I think it should be. Can I appeal it?

A: Yes, but there is a possibility that the appeal decision-maker might decide you are not disabled at all as everything will be back on the table. Each level of the process involves a completely fresh examination of all the evidence. You will have to decide whether or not to take the risk.

Q: I've been granted Leave to Appeal and CPP proposes an Award without a hearing?

A: CPP may send you a "Without Prejudice" letter offering to allow your appeal without a hearing. The proposed Date of Onset may be later than you claimed in your application. You need to make a decision whether or not to accept their offer.

Q: I asked CPP for advice when I was completing my application and I either misunderstood or the advice was incorrect. What should I do?

A: Section 66(4) of the Act gives the Minister the authority to correct "erroneous advice or administrative error". If the agent who discussed your concern with you followed correct procedure, s/he will have included a record of your discussion in your file, and you are entitled to a copy of the file. If your file does not have a brief, accurate record of the discussion, it will be a question of your word and memory against the agent's. If you are convinced you are in the right, your MP is probably the best person to help.

Q: My application was denied, and I applied for CPP early retirement benefits, can I still appeal for CPP-D?

A: If the 90-day time limit for an appeal has not expired, you can continue your appeal and receive your CPP retirement pension at the same time. If your appeal(s) are successful, the amount of retirement benefit you have received will be deducted from your CPP-D retroactive payment. If you are past the 90-day time limit, and if it is **less than 15 months** since you began receiving the retirement pension, you will have to submit a new application for CPP-D. You will have to prove that you met the "severe and prolonged" criteria prior to the first payment of retirement benefits.

HINT: CPP-D benefits are always greater than retirement benefits because of the way they are calculated. The application form for retirement benefits specifically asks applicants if they have stopped work because of a disability.

Q: My SST experience was terrible. The Tribunal Member bullied me and was most unfriendly. Is there anything I can do?

A: Yes, there are two possibilities. If the Tribunal turned down your appeal and "crossed the line" which defines "due process and fair play", you have grounds for an appeal to the Appeal Division. And even if the Tribunal allowed your appeal, you can still file a formal complaint with the Chairperson.

7 If You Are Approved

Points to keep in mind

A. Immediate Action

Notice of Entitlement

A Notice of Entitlement is sent to you when your application has been approved or when your appeal has been allowed and not challenged by CPP. It will advise you of:

- The amount of your monthly benefit, (This is adjusted every January to include a cost-of-living increase);
- The effective date (month and year) on which payments begin; and
- The amount of the first payment, which will include any retroactive payment.

Included with the Notice of Entitlement will be two copies of a breakdown of the amounts, by year, of any retroactive benefits. One copy of this breakdown must be attached to your next tax return, accompanied by the T4 slip issued by CPP for the taxation year when you receive the first payment. The Canada Revenue Agency will automatically reassess your tax returns for the affected years. If they fail to do so, you can submit a completed T1-ADJ T1 Adjustment Request form.

Private Insurance Policies & Retroactive Benefits:

If you are receiving long-term disability (LTD) benefits under a private insurance policy, either from your former employment or under a policy you purchased yourself, it is quite likely one of the policy's conditions stipulates that you were required to apply for CPP-D. The benefits you receive from CPP-D will be offset (deducted) from your LTD benefits. If this is the case, your retroactive benefits must be paid to the insurance company. You may have been required to sign a form to this effect (one of the rare exceptions to Section 65 (1) of the Act), in which case your retroactive CPP-D benefits will have been paid directly to the insurance company.

Hint: Do not spend the retroactive payment until you are sure it is yours!

CPP-D and Taxes:

Be aware of the tax implications. **CPP benefits are taxable**. Even if you never see the retroactive payment, you will still receive a T4 slip and have to report it on your income tax return. If your LTD benefits are taxable, you should receive a letter from the insurance company to confirm the repayment of retroactive benefits. Attach this to your tax return. If you fail to do so, you will find yourself paying tax twice on the same income. If your LTD benefits are not taxable, you are responsible for all the tax on past and future CPP-D benefits.

Apply for Other Benefits

1. Disabled Contributor's Child Benefit (DCCB)

- If you have children under the age of 18, you (or the custodial parent) will be entitled to the DCCB. This should be included in your Notice of Entitlement. If it is not, contact Service Canada immediately;
- Children between the ages of 18 and 25 in full-time education are also eligible. The DCCB will be paid directly to them, but they have to apply. The Service Canada website advises that application(s) should be submitted as soon as possible, because **retroactivity is limited to 11 months**;
- If your children are no longer eligible for the DCCB but were eligible on the date your CPP-D began, they are entitled to retroactive benefits.

If you were already receiving CPP survivor's benefits (because of the death of a spouse or partner), the combined (disability plus survivor's) benefit will be less than the sum of the two separate benefits. Insurance companies may or may not offset the DCCB or the survivor's portion of the combined benefit, depending on the precise wording of the policy.

2. Disability Tax Credit (DTC)

If you have not already done so, obtain Form T2201 from the Canada Revenue Agency and discuss with your doctor whether you are eligible for the Disability Tax Credit (DTC). This is not automatic, because the eligibility criteria are different from CPP-D. If your doctor agrees that you qualify, ask him/her to complete the application and send it immediately to the Revenue Agency (you do not need to wait until you complete your tax return). If the application states that you qualified for the DTC in past years as well as the current year, the Revenue Agency should reassess your returns for the affected years and refund any overpayment.

3. Other Benefits

The federal, provincial and territorial governments all have support programs and services designed to assist disabled individuals in a number of ways, and there are frequent changes. The best way to find out if there are any for which you might be eligible is to contact your Member of Parliament or provincial legislature member.

Hint: Recent information on federal programs for people with disabilities is in the 2009 Report, ***Advancing the Inclusion of People with Disabilities***, available from Employment and Social Development Canada**.**

B. Long-Term

If nothing changes at all after the approval formalities have been completed, you will continue to receive CPP-D benefits until you reach the age of 65. At that time they will automatically change to CPP retirement benefits. Once a year you will receive a T4 slip from CPP which is currently accompanied by an annual newsletter, *Annual Canada Pension Plan Disability Newsletter.* http://esdc.gc.ca/eng/disability/benefits/publications/

When to Contact CPP-D

When you signed your application, you undertook to notify the Canada Pension Plan of any changes that may affect [your] eligibility for benefits. If you recover and return to the workforce, you have an obligation to advise CPP of this. You will also want to advise CPP if you change your name or address.

Reassessment

CPP has the right to reassess your condition at any time. You will receive a questionnaire to be completed by you and your doctor. The covering letter will advise you that a) Your file is under review and b) You may be sent for an independent medical examination, depending on your answers.

If CPP decides that you have regained the ability to return to work, they will terminate your benefits. The decision can be appealed in the same way as for applications (Reconsideration, SST General Division, and the SST Appeal Division), but with one major difference: when you applied, the onus was on you to prove that you were disabled. This time, the onus is on CPP to prove that you have recovered. In the absence of direct evidence to this effect, e.g., earnings reported on a tax return, this is no easier than proving that someone is disabled.

CPP Incentives:

CPP provides incentives and assistance which are as follows:

- You are encouraged to try volunteer work suitable to your condition;
- You are allowed to earn modest amounts (up to $5,100 in 2013) without reporting to CPP or jeopardizing your benefits;
- You are allowed to return to school without affecting your eligibility;
- If you believe your condition has stabilized at a level which allows you to go back to work (and your doctor agrees), CPP will continue to support you while you complete a Vocational Rehabilitation program and/or a three-month trial of work. If at the end of this period you are unable to continue working, your benefits will continue; they will only cease if you continue to work.

Planning to return to work

If your symptoms have subsided to such an extent that you think you may be ready to attempt to go back to work, take the precaution of determining what you are able to do:

- Can you go half a day without resting or getting exhausted?
- Can you go a whole day without resting or getting exhausted?

- Can you do that every day?

Once you determine that you are able to do that, go through the routine you would have to follow for going to work. You will have to consider:

- Will you be driving? If so, can you deal with the traffic and still be fresh when you get to work?
- How long can you stay at work?
- What is your condition at the end of the day?
- Can you do that every day and for how long?
- Will you be taking the bus and can you stand in the bus or in line?

Taking these precautions and following the schedule you would have if you were working i.e. getting up at the time you would go to work, drive or ride the bus the length of time it would take you to get there and all things you need to take into consideration. Plan your day without resting and then do the things at night you would do normally.

If you are unable to do this for a period of time, it means you are not ready to return to work and it is not to your advantage to attempt at this time.

HINT: While following this attempt to return to work exercise, be sure to take copious notes which will help you to assess your condition. It will also be of assistance to you if your disability insurer is requesting you return to work.

Once you are able to do the above, it is time to speak to your doctor and discuss returning to work. The notes you took while practising for your return to work will be of help to your doctor also. If the doctor agrees with your self-assessment to be ready, you can take advantage of the assistance that is available to you.

There are safeguards built into the process if your return to work turns out to have been overly optimistic.

Automatic Reinstatement: If you have worked for **less than two years** and are unable to continue because of the same condition for which you were originally approved for CPP-D, your benefits will be reinstated on completion of two simple forms - one by you and the other by your doctor. **You must apply within a year of stopping work.** You may do this as often as necessary. If you had to stop work because of a different condition, you will need to re-apply with a new application. (This amendment to the Act became effective in 2005.)

Fast-track Re-Application: If you have worked for **more than two years but less than five years** and are unable to continue, again because of the same condition, your application for CPP-D will be fast-tracked and should be approved with little difficulty.

APPENDIX A

Worksheets for Preparing Your Application

#1: SYMPTOM SEVERITY AND HIERARCHY WORKSHEET

(Adapted from the Consensus Documents)

The table includes the symptoms of ME/CFS and FMS which are most likely to cause functional limitations. Extra spaces are provided for additional symptoms if you have other medical conditions (e.g., diabetes, high blood pressure, arthritis, depression or hearing loss); include their symptoms in the blank spaces provided.

In the **left-hand** column, rank your symptoms in order of severity, with 1 being the most severe.

In the **appropriate right-hand** columns put a check-mark to rate the severity of each symptom.

RANK	SYMPTOM	ABSENT	MILD	MODERATE	SEVERE
	Post-exertional fatigue: loss of physical and mental stamina, fatigue made worse by physical exertion				
	Long recovery period from exertion:: takes more than 24 hours to recover to pre-exertion activity level				
	Fatigue:: persistent marked fatigue that substantially reduces activity level				
	Sleep disturbance: non-restorative sleep, insomnia, hypersomnia				
	Pain: in muscles and joints, headaches				
	Stiffness: that limits movement				
	Physical dysfunction: involving muscles, ligaments and joints				
	Headaches/migraines: of new type, pattern or severity				
	Memory disturbance: poor short-term memory				
	Confusion and difficulty concentrating: “brain fog”				
	Dysphasia: difficulty retrieving words, or saying the wrong word				

APPENDIX A

RANK	SYMPTOM	ABSENT	MILD	MODERATE	SEVERE
	Gastrointestinal disturbance: diarrhea, irritable bowel syndrome				
	Recurrent sore throat, recurrent flu-like symptoms				
	Dizziness or weakness upon standing, or light-headedness				
	Changes in body temperature, erratic body temperature, cold hands and feet				
	Heat/cold intolerance				
	Hot flushes, sweating episodes				
	Marked weight change				
	Breathlessness with exertion				
	Hypersensitivity to stimuli: lights, noise, emotional or mental stress				
	Muscle weakness				
	New sensitivities to food/medications/ chemicals				
	Add other symptoms here:				

APPENDIX A

#2: SYMPTOM IMPACT WORKSHEET

SEVERITY SCALE

Number of days/month (on average) your symptoms are most severe: ____

Number of days/month (on average) your symptoms are "average": ____

Number of days/month (on average) your symptoms are least severe: ____

In each row of the chart, estimate the extent to which your symptoms limit the activity (use "**L**" for low, "**M**" for moderate, "**H**" for high, or leave the box blank if there is no impact). Where you show an impact, try to describe (on a separate sheet) how the symptoms impact you. Consider examples which would illustrate the impact. This information will help you identify the important symptoms to include in your application, and should be transferred to the corresponding box in your answers to #22 in the Questionnaire for Disability Benefits.

	"WORST" DAYS	**"AVERAGE" DAYS**	**"BEST" DAYS**
PHYSICAL ACTIVITY: sitting/standing			
walking			
lifting/carrying			
bending/stretching			
physical stamina			
MENTAL ACTIVITY: concentration			
memory			
seeing/hearing			
speaking/communicating			
mental stamina			
organizing, decision-making, multi-tasking			

	"WORST" DAYS	"AVERAGE" DAYS	"BEST" DAYS
PERSONAL NEEDS: washing			
dressing			
bowel/bladder function			
sleeping			
eating			
breathing			
HOUSEKEEPING: shopping			
cooking			
cleaning/laundry			
administration – banking, bills, mail			
OTHER ACTIVITY: using a telephone			
using a computer			
driving a car			
passenger in car			
using public transport			
coping with bright lights			
coping with noise			

APPENDIX A

#3: BASIC WORKPLACE REQUIREMENTS WORKSHEET

The table lists requirements which are applicable to almost all employment situations. For each one, check the appropriate box to show how your condition affects your ability to perform in a job. This information will help you to answer question #19 in the Questionnaire for Disability Benefits.

REQUIREMENT	NO IMPACT	MILD IMPACT	MODERATE IMPACT	SEVERE IMPACT
Attendance (full-time, 35 - 40 hr/week): Your ability to turn up for work on time every working day, with no unusual lateness or absence for medical reasons.				
Attendance (part-time, 5 - 20 hr/week): Your ability to turn up for work on time every working day, with no unusual lateness or absence for medical reasons.				
Physical productivity: Your ability to remain "on duty and alert" for the working day, with only normal rest and meal breaks.				
Reliability: Your ability to complete assigned tasks accurately, safely and on time.				
Cooperation: Your ability to contribute consistently to the work of a team.				
Interpersonal skills: Your ability to interact with your supervisor, colleagues and clients, as required for the job.				

APPENDIX B

Functional Capacity Scale©

This scale was designed by:

Drs. Alison Bested and Lynn Marshall, Environmental Health Clinic,

Women's College Hospital, Toronto, ON

YOUR ACTIVITY LOG:

1. Keep it in a handy place.

2. Complete it every day.

3. Take your completed logs to your doctor/other health care provider at follow-up visits.

4. Your logs assist your doctor/other health care provider to adjust your treatment plan as needed.

5. Completed logs may reassure your insurance company of your active ongoing participation in your treatment.

COMPLETING YOUR ACTIVITY LOG:

1. You may change the times on the left hand side of the log to suit your usual schedule (e.g. if you usually get up at 10:00 a.m. and go to bed at 2:00 a.m., write 10:00 a.m. in as the first time, and adjust the other times accordingly).

2. Please note your activities with one or two word(s) in the appropriate time slots (e.g. dressed, made bed, nap).

3. Rest is defined as lying down, eyes shut, meditating or sleeping.

APPENDIX B

FUNCTIONAL CAPACITY SCALE:

The Functional Capacity Scale incorporates energy rating, symptom severity, and activity level. The description after each scale number should help you to rate your functional capacity at the beginning and end of each day.

0. No energy, severe symptoms including very poor concentration; bed ridden all day; cannot do self-care (e.g. need bed bath to be given).

1. Severe symptoms at rest, including very poor concentration; in bed most of the day; need assistance with self-care activities (bathing).

2. Severe symptoms at rest, including poor concentration; frequent rests or naps; need some assistance with limited self-care activities (can wash face at the sink) and need rest afterwards for severe post exertional fatigue.

3. Moderate symptoms at rest, including poor concentration; need frequent rests or naps; can do independent self-care (can wash standing at the sink for a few minutes) but have severe post exertion fatigue and need rest.

4. Moderate symptoms at rest, including some difficulty concentrating; need frequent rests throughout the day; can do independent self-care (can take a shower) and limited activities of daily living (e.g. light housework, laundry); can walk for a few minutes per day.

5. Mild symptoms at rest with fairly good concentration for short periods (15 minutes); need a.m. and p.m. rest; can do independent self-care and moderate activities of daily living, but have slight post exertion fatigue; can walk 10-20 minutes per day.

6. Mild or no symptoms at rest with fairly good concentration for up to 45 minutes; cannot multitask; need afternoon rest; can do most activities of daily living except vacuuming; can walk 20-30 minutes per day; can do volunteer work – maximum total time 4 hours per week, with flexible hours.

7. Mild or no symptoms at rest with good concentration for up to ½ day; can do more intense activities of daily living (e.g. grocery shopping, vacuuming), but may get post exertion fatigue if ‘overdo’; can walk 30 minutes per day; can work limited hours, less than 25 hours per week; no or minimal social life.

8. Mild intermittent symptoms with good concentration; can do full self-care, work 40 hours per week, enjoy a social life, do moderate vigorous exercise three times per week.

9. No symptoms; very good concentration; full work and social life; can do vigorous exercise three to five times a week.

10. No symptoms; excellent concentration; over achiever (sometimes may require less sleep than average person).

NUMBER OF USABLE HOURS / DAY = Number of hours NOT asleep or resting/meditating with eyes closed.

ACTIVITY LOG

Name: _____ Date Commencing: _____

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
SLEEP: Write number of hours slept and quality 1 = very poor 2 = poor 3 = fair 4 = good 5 = very good **Functional Capacity Scale:** Record your activity and energy rating every hour using the scale 1-10/10							
Activities: (please specify)							
6 a.m.							
7 a.m.							
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
12 p.m.							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							
10 p.m.							
11 p.m.							
# of minutes walked							
# of usable hours / day							

Dr. Alison Bested ©
Dr. Rosemary Underhill

APPENDIX C

Independent Medical Examinations (IME)

> ***". . . a person whose disability is to be or has been determined pursuant to the Act may be required from time to time . . . to undergo such special examinations and to supply such reports as the Minister deems necessary for the purpose of determining the disability of that person." [CPP Regulations, Section 68(2)]***

Independent Medical Examinations (IMEs) are feared because of their use by the less scrupulous private insurers to obtain "evidence" that an individual is not disabled. These companies commission the examinations from individual examiners or agencies whose services have been used in the past, and who can be relied upon to give the "correct" opinion. The insurer's choice of independent examiner is generally not negotiable.

CPP, however, will commission an IME because the adjudicator who is reviewing the file believes the applicant may be disabled, but considers the evidence to be insufficient. CPP selects an appropriate specialist or agency from the list of those who are practising in the region. The choice of examiner is usually negotiable.

An IME may be requested at the Reconsideration stage, or after Leave to Appeal to the SST Appeal Division has been granted. The IME will be with a specialist (the choice will depend on the circumstances); or it may be a Functional Capacity Evaluation (FCE) conducted in a clinic by an occupational therapist or physiotherapist. Very occasionally a neuropsychological IME, involving cognitive and other testing by a clinical psychologist, may be requested.

There will usually be an initial contact by phone to you or your representative, to suggest who is to do the examination and a possible date. Ask for a couple of days' grace before you confirm the arrangements. Use this time to find out what you can about the proposed examiner. **The bottom line is, you want the examination to be done by someone who makes their living treating patients, not by doing contract work for insurance companies.** If the proposed examiner does not meet this requirement, ask for a change.

Before the IME, make an appointment with your own doctor for as soon after the examination as possible. The stress of the IME may cause a "crash", and this should be documented by someone other than yourself.

If possible, do not go to the IME alone. You may need help getting home after the experience. Ideally, you would like to have a witness to the proceedings, but only another physician has the right to observe a physician's examination. The examining physician may or may not allow your companion to observe.

If the IME is for a Functional Capacity Evaluation, ask your doctor for a note requesting that your heart rate, blood pressure and blood oxygen levels be monitored throughout the examination and that the examination be spread over two or more days (to document the effects of fatigue), and (if appropriate) specifying the amount of physical activity you can safely undertake. (A competent clinic should do these things as a matter of course).

APPENDIX C

After your appointment, make notes:

1. How long was the examination? When did it start and finish?

2. Was a medical history taken? What questions were asked, who asked them, and what answers did you give?

3. Was there was a physical exam? If there was, who conducted it; the doctor or a nurse? Record the details of the examination.

4. Were you asked how you have been getting along at work or home? What questions were asked, who asked them, and what answers did you give?

5. Were any tests taken? If so what were they and what were the results?

6. How did the experience affect your symptoms, and for how long?

It is standard procedure that the IME report is the property of the agency paying for it. You can ask that a copy be sent to your family doctor (this should be done automatically if the report includes treatment recommendations). If the IME is in conjunction with an appeal to the PAB, the report will be filed with the Board as an exhibit and you will receive a copy. And in any event, a copy will always be placed on your CPP file, and you always have access to that.

If the IME report is negative, what can you do? First, discuss it with your doctor: Why do you think it is negative? Did the examiner(s) get all the facts correct but express a negative opinion? Does your doctor agree? Is there any merit in asking for a second opinion (your doctor can make a referral), or have you already been assessed by someone with the same or equivalent qualifications? Does the report make treatment recommendations which have already been considered (or tried) and rejected as unproductive? In a perfect world, one of your treating physicians would be willing to write a formal rebuttal for the record, but this rarely happens. That does not stop you from submitting your comments. The ultimate responsibility for resolving any contradictions lies with the adjudicator or appeal panel.

APPENDIX D

Commonly Used Abbreviations

CPP-D	**CANADA PENSION PLAN DISABILITY**
CRP	**CHILD REARING PROVISION**
DCCB	**DISABLED CONTRIBUTOR CHILD BENEFIT**
DOA	**DATE OF APPLICATION**
DOO	**DATE OF ONSET**
DTC	**DISABILITY TAX CREDIT**
EI	**EMPLOYMENT INSURANCE**
ESDC	EMPLOYMENT AND SOCIAL DEVELOPMENT CANADA
FMS	**FIBROMYALGIA SYNDROME**
FCE	**FUNCTIONAL CAPACITY EVALUATION**
IME	**INDEPENDENT MEDICAL EXAMINATION**
LTD	**LONG TERM DISABILITY**
LTDI	**LONG TERM DISABILITY INSURANCE**
ME/CFS	**MYALGIC ENCEPHALOMYELITIS / CHRONIC FATIGUE SYNDROME**
MLA	**MEMBER OF LEGISLATIVE ASSEMBLY**
MP	**MEMBER OF PARLIAMENT**
MPP	**MEMBER OF PROVINCIAL PARLIAMENT**
MQP	**MINIMUM QUALIFYING PERIOD (i.e. Period of Coverage)**
SST	SOCIAL SECURITY TRIBUNAL

APPENDIX E

Key Contacts

National ME/FM Action Network

The National ME/FM Action Network has extensive information on Myalgic Encephalomyelitis / Chronic Fatigue Syndrome and Fibromyalgia Syndrome. We maintain a list of support groups across the country. We also maintain a list of medical and legal professionals across Canada who are familiar with these illnesses, available by phone or email only.

Internet: http://mefmaction.com

Email: mefminfo@mefmaction.com

Telephone: 613 829-6667. Fax 613 829-8518

Address: 512 – 33 Banner Rd, Nepean, ON K2H 8V7

Charitable registration number: (BN) 89183 3642 RR0001

Service Canada

Information about Canada Pension Plan – Disability (CPP-D) can be obtained from Service Canada. Service Canada offers single-window access to a wide range of Government of Canada programs and services for citizens through more than 600 points of service located across the country, call centres, and the Internet.

Internet: http://servicecanada.gc.ca

Telephone (toll-free): 1-800 277-9914 TTY: 1-800-255-4786

The nearest Service Canada office to you _____

Your Health Care Provider

Your primary health care provider will have an important role in your application.

Name and contact information: _____ _____

Advisor or Representative

You may call on others to help you prepare your application. You can appoint someone to be your official representative when dealing with CPP-D issues.

Name and contact information: _____

APPENDIX F

Key Resources

For patients with ME/CFS: *Overview of the Canadian Consensus Document for ME/CFS*

Available at: http://mefmaction.com/images/stories/Overviews/ME-Overview.pdf
or contact the National ME/FM Action Network

For patients with FMS: *Overview of the Canadian Consensus Document for Fibromyalgia Syndrome*

Available at: http://mefmaction.com/images/stories/Overviews/FMSOverview08.pdf
or contact the National ME/FM Action Network

For patients exploring whether or not they have ME/CFS combined with depression or anxiety: *Assessment and Treatment of Patients with ME/CFS. Clinical Guidelines for Psychiatrists* by Dr. Eleanor Stein.

http://www.eleanorsteinmd.ca/downloads/260/

The website for Canada Pension Plan – Disability

http://www.servicecanada.gc.ca/eng/services/pensions/cpp/disability/benefit/index.shtml

Canada Pension Plan Act

http://laws-lois.justice.gc.ca/eng/acts/C-8/index.html

CPP-D Adjudication Framework (provides guidance to adjudicators)

http://www.esdc.gc.ca/eng/disability/benefits/framework.shtml

CPP-D Adjudication Reference Tool for Fibromyalgia, Chronic Pain Syndrome, Chronic Fatigue Syndrome and Multiple Chemical Sensitivities

http://mefmaction.com/images/stories/CPP/FM_CPS_CFS_Adj_RefTool.pdf

Information on the range of federal disability programs:

http://www.esdc.gc.ca/eng/disability/index.shtml

2009 Federal Disability Report

http://www.esdc.gc.ca/eng/disability/arc/federal_report2009

NATIONAL ME/FM ACTION NETWORK

NEW MEMBERSHIP or RENEWAL fees

ANNUAL MEMBERSHIP FEE :
$30.00 per year including quarterly newsletter Quest

Resources $_____
Please see reverse

IN ADDITION, I would like to donate *$_____
to help with the many projects of the National ME/FM Action Network.
**Tax Receipt issued for all donations*

TOTAL PAYMENT:

$_____

PAYMENT OPTIONS

☐ Cheque
Please make Cheque Payable to the:
NATIONAL ME/FM ACTION NETWORK

☐ VISA

☐ Master Card

☐ Other _____

Card Number:

_____

Expiry Date:

month _____ year _____

Name on Card:

_____

Signature:

_____

MEMBERSHIP APPLICATION or RENEWAL FORM

Please see reverse for available network resources.

Date: _____

Name / Organization

_____

Contact Name _____

Address _____

_____

City _____

Province/State _____Postal Code/Zip _____

Country _____

Email _____

Phone _____

Website _____

☐ Please send news updates to my email address
☐ **Do not** send news updates to my email address

_____

☐ Please send an electronic version of the Quest newsletter
☐ Please send the Quest newsletter to my mailing address

MAIL FORM & PAYMENT TO:

NATIONAL ME/FM ACTION NETWORK
512-33 Banner Road
Nepean, ON K2H 8V7

THANK YOU FOR YOUR SUPPORT!

CREDIT CARD TRANSACTIONS CAN BE FAXED TO 613-829-8518

NATIONAL ME/FM ACTION NETWORK

512-33 Banner Road, Nepean, ON K2H 8V7 Canada
Phone: 613-829-6667 • Fax: 613-829-8518
Email: mefminfo@mefmaction.com • www.mefmaction.com

(BN) 89183 3642 RR0001

Resources

Item	Qty	Total
Membership Fee $30		
ME/CFS Brochure (Eng)		*free*
ME/CFS Brochure (Fr)		*free*
FM Brochure (Eng)		*free*
FM Brochure (Fr)		*free*
ME/CFS Overview $7		
FM Overview $7		
TEACH-ME (Eng) $25		
TEACH-ME (Fr) $25		
CPP Disability Guide $10		
Primer-Bilingual Edition $25		
SUB TOTAL		

Please transfer the above "sub total" onto the front, to tally in to the total payment being made.
Thank You

THE NATIONAL ME/FM ACTION NETWORK RESOURCES

Quest Newsletter—Free with annual membership of $30.00

When you become a member of the National ME/FM Action Network, you receive our quarterly newsletter QUEST. We keep you informed about medical research, disability and legal issues and on developments affecting the ME/FM community in Canada and internationally.

ME/CFS and FM Brochures - FREE

Coloured pamphlets on ME/CFS and FM are available in English and French. You can view them on our website

Consensus Documents for ME/CFS and FM

- Myalgic Encephalomyelitis / Chronic Fatigue Syndrome: Clinical Working Case Definition, Diagnostic and Treatment Protocols [Journal of Chronic Fatigue Syndrome, Vol. 11, No. 1, 2003. Haworth Press 2003/2004 ISBN:0-7890-2207 9]
- The Fibromyalgia Syndrome: A Clinical Case Definition for Practitioners [Haworth Press, 2004 (Soft cover book) ISBN 0-7890-2574-4]

The consensus documents are available at Amazon.ca or at Chapters.ca or view them on our website.

ME/CFS and FM Overviews - $7.00

The ME/CFS and FM Overviews are summaries of the Canadian Consensus documents.

- You can view the ME/CFS Overview in English, French, Spanish, German, Italian and Dutch on our website. English versions of the ME/CFS Overviews are available for purchase from the National ME/FM Action Network. French versions of the ME/CFS Overview are available for purchase from Quebce Association for ME, AQEM (aqem.ca)- call (514) 369-0386 or 1-855-369-0386 or email info@aqem.ca.
- You can view the FM Overview in English, French, Spanish and Italian on our website. English versions of the FM Overview are available for purchase from the National ME/FM Action Network.

TEACH-ME (Second Edition) - $25.00

Our TEACH-ME Source Book is for Parents and Teachers of children and youth with ME/CFS and/or FM. This document is available in English and French.

CANADA PENSION PLAN DISABILITY GUIDE 2015 Edition- $10.00

A Guide designed for those who are disabled and wish to apply for Canada Pension Plan Disability Benefits. It outlines the various steps in the process.

Chronic Fatigue Syndrome / Myalgic Encephalomyelitis - Primer for Clinical Practitioners
Syndrome de fatigue chronique Encéphalomyélite myalgique - Petit guide pour la médecine clinique - $25.00

The ME/CFS Primer was produced by the International Association for Chronic Fatigue Syndrome / Myalgic Encephalomyelitis (IACFS/ME). It was translated into French by the National ME/FM Action Network. You can view both the English and the French on our website. Bilingual versions are available for purchase from the National ME/FM Action Network.

All of the above resources can be viewed on the
National ME/FM Action Network website at http://mefmaction.com