

TRANSPORT WORKERS UNION OF AMERICA LOCALS

2023 Overview of Short-Term Disability & Long-Term Disability Claim Filing Process



Agenda

Transport Workers Union of America Locals – Disability Claims Processing

Topic	Presenter
Welcome	Teri Altieri Senior Implementation and Enrollment Manager
Short Term Disability Claims	Connie Butterworth STD, Claims Manager
Long Term Disability Claims	Kevin Quinn LTD, Claims Manager
Member Flyers <ul style="list-style-type: none">• Disability• Critical Illness/Accident/Hospital Indemnity	Teri Altieri Senior Implementation and Enrollment Manager
Accessing / Viewing Disability Claims Status	Mary Hueber Senior Account Manager

Lincoln Financial STD Claim Process Reference Guide

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Short-term disability

At Lincoln Financial Group, we take a streamlined, coordinated approach to claims management to ensure the process from intake to benefit decisions are coordinated and clearly communicated, with experts supporting the process every step of the way.

What is a complete claim?

A complete claim includes complete employer information, complete employee information, the Attending Physician Statement (APS) and authorization for release of additional medical records if necessary.

*To help assist with the claim management please provide a job description with the claim.

Intake options:

We offer multiple leave intake options for short-term disability (STD) claims:

- **Telephonic intake - 888-742-8967**
 - Telephonic intake is the preferred method for submitting a STD claim as it allows for an immediate opportunity to have a dialogue with our intake representatives who can help explain the process and answer your employee's questions.
 - Our telephonic service hours are: 7 a.m. to 7 p.m. CST Monday-Thursday and 7 a.m. to 5 p.m. CST on Fridays
- **Email:** Disabilityclaims@lfg.com
- **Mail:** The Lincoln National Life Insurance Company, PO Box 2609, Omaha, NE 68103 **If group is situated in New York send to:** Lincoln Life & Annuity Company of New York, PO Box 2609, Omaha, NE 68103
- **Fax:** 800-922-3503
- **Web:** LincolnFinancial.com—Only available for fully insured STD products

Turnaround times

- Initial claim review—within 3 business days
- Correspondence—within 3 business days
- Email/phone—within 24 business hours

Short-term disability—Incomplete process

- Day 1—during the telephonic intake call, the Attending Physician Statement is sent to doctor's office
- Within 3 business days—Our claims Examiner completes an initial review to approve, deny or pend the claim (initial call to the claimant is attempted).
- 7 days from the initial review date—Claims examiner reaches out to the claimant and doctor's office.
- 15 days from the initial review date—Claim is closed and letter is sent to the claimant and group.

Expedited claims processing—Fast Track (FT) diagnosis

For the following conditions: maternity, hysterectomy, appendectomy, cholecystectomy, bunionectomy, or hernia, we offer an expedited claim process. Once we confirm eligibility and the surgery or delivery date, we make the disability decision. Payment is based upon the usual and customary duration (based on MD Guidelines). For example, maternity claims are lump sum paid—6 weeks from normal delivery minus elimination period & 8 weeks for c-section deliveries minus the elimination period.

Note: No Attending Physician Statement/Authorization is required for the expedited claims unless benefits are requested prior to surgery/delivery or are requested after the usual and customary duration (based on MD Guidelines) due to complications.

Communication

- Communication method
- Secure email
- Initial phone call to the claimants (within 3 days)
- Periodic phone interviews with the claimants on medical updates and abilities
- Correspondence to the employee and employer at every status change

Lincoln Financial Group's LINKS process

Lincoln Financial Group offers a variety of programs and services to assist disabled employees and help them return to full productivity. One such program is LINKS — a highly efficient claims process for those covered by Lincoln short-term disability (STD) and long-term disability (LTD) plans. LINKS goes beyond usual expectations to provide a smooth transition from STD to LTD without claim filing. It is a proactive, integrated claims management system that provides early intervention with the insured to identify potential LTD claims.

How the LINKS process works:

When an STD claim is received, the claims department determines whether the claimant is also covered under a Lincoln LTD plan. If so, the integration process begins. A team approach is used and, when deemed appropriate, a nurse and a vocational counselor are consulted for return-to-work planning. The LINKS program was designed by Lincoln to blend technology with the personal touch of our disability claims examiners. All claims information resides together in our system for more efficient access and coordination. Claims examiners work closely together to manage claims and monitor the progress of the disability. This approach benefits both the employee and employer by helping the employee get back to productive work and full earning potential as quickly as possible.

Offsets

- Do you have a sick leave or salary continuation plan?
 Yes

- Sick leave is an
 Backdoor integration
AMOUNT. The amount of the Total Disability Weekly Benefit equals the lesser of:
 1. the insured employee's Basic Weekly Earnings multiplied by the Benefit Percentage; minus Other Income Benefits except any pay received under the employer's sick leave or salary continuance plan;
 2. 100% of the insured employee's Basic Weekly Earnings; minus Other Income Benefits including any pay received under the employer's sick leave or salary continuance plan; or
 3. the Maximum Weekly Benefit.

In no event will the amount of the Total Disability Weekly Benefit plus any pay received under the employer's sick leave or salary continuance plan exceed 100% of the insured employee's Basic Weekly Earnings.

- Workers compensation is an
 Exclusion

- No-fault auto plan

- State disability offset
 - State benefits will be calculated by Lincoln Financial Group
 - CA sitused groups—employee permission is required for estimating offsets

Payment options

- Payment modes
Bi-weekly (26 payments a year)
- Payment options
 - Direct deposit (preferred method)
 - Check

*All payments are made directly to the claimant

Appeal process

- 2 Appeals reviews for STD
- 180 days to request a review of an adverse decision

Return-to-work assistance

All of Lincoln's disability plans are designed and managed to encourage and facilitate a timely return to work. Most claimants can be expected to fully recover or retain transferable skills that can enable them to regain productivity in the workplace, and most people who have been ill or injured want to return to work when able.

Because the highest probability of a successful return to work is returning to the same employer, we strive to form partnerships with our customers that can result in a win-win outcome for the employer, employee, and Lincoln. And even if you find you do not have a role for your employee to return to, our vocational rehabilitation consultants can work with your claimants to find alternative employment by leveraging transferable skills, or helping to build new skills that lead to gainful employment.

Understanding your current workplace culture and ability or interest to help employees to return to work will be helpful to effectively administering your plan. It's helpful for us to know:

1. Do you have a formal return to work process in place? Please describe.
2. If Lincoln identifies an employee may have the ability to return to work part time, or full time with restrictions, who can we contact at your company to discuss these possibilities?
3. Does your company have an established policy for how long to hold a job or retain employment after an employee becomes disabled? For example, some companies may maintain employment throughout the STD duration, but terminate employment if the claimant extends to LTD.

If you have interest in further discussions about how Lincoln's vocational rehabilitation team can consult with you to build or expand upon a return to work process, or to discuss our capabilities in more detail, please let us know.

Other topics

- **MD Guidelines**—These guidelines help disability staff understand the typical length of disability for a specific diagnosis or procedure. Several factors are taken into account when applying the guidelines such as occupation, age, and variability with a diagnosis.
- **Elimination Period**—An Elimination Period is a time period in which benefits are not payable but the employee must satisfy before becoming eligible for benefits. These days must be consecutive days of total or partial disability.
- **Progressive Partial Payment**—Between disability payment and salary, the employee is able to receive 100% of pre-disability earnings, with no time limits & a 99% earnings test.
- **Early Claim Submission Process**—Claims that are submitted more than two weeks in advance of the last day worked or actual date of disability (eg. for scheduled procedures/surgeries or pregnancy delivery date) will be accepted via paper or telephonic intake, and then will subsequently be closed with an automatic task established for the benefit specialist to follow-up about 5 days after the expected last day worked or scheduled procedure /surgery or delivery date. About 5 days after the scheduled surgery or delivery date, the assigned benefit specialist will contact the claimant to confirm the surgery or delivery date and re-open the claim to continue the claim investigation and management process.
- **Recurrent Disability**—Recurrent Disability means a disability due to an Injury or sickness which is the same as, or related to, the cause of a prior disability for which Weekly Benefits were payable. A Recurrent Disability will be treated as follows.
 1. A Recurrent Disability will be treated as a new period of disability, and a new Elimination Period must be completed before further benefits are payable; if the insured employee returns to his or her regular occupation on a full-time basis for two weeks or more (or the time frame established in the contract).
 2. A Recurrent Disability will be treated as part of the prior disability, if an insured employee returns to his or her regular occupation on a full time basis for less than two weeks (or the time frame established in the contract).

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QUESTIONS

Lincoln Financial LTD Claim Process Reference Guide

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Long-term disability

At Lincoln Financial Group, we take a streamlined, coordinated approach to claims management to ensure the process from intake to benefit decisions are coordinated and clearly communicated, with experts supporting the process every step of the way.

What is a complete claim?

A complete claim includes complete employer information, complete employee information, the Attending Physician Statement (APS) and authorization for release of additional medical records if necessary.

Intake options:

We offer multiple intake options for long-term disability claims:

- **Email:** disabilityclaims@lfg.com
- **Mail:** The Lincoln National Life Insurance Company, PO Box 2609, Omaha, NE 68103
- **Fax:** 877-843-3950
- **Web:** LincolnFinancial.com

Turnaround times

- Initial claim review—within 4 business days
- Correspondence—within 3 business days
- Email/phone—within 24 business hours

Long-term disability—incomplete process

- Within 4 business days—Our claims examiner completes an initial review to approve, deny or pend the claim (initial call to the claimant is attempted).
- Day 15—Claims examiner reaches out to the claimant and/or employer.
- Day 30— Claims examiner reaches out to the claimant and/or employer.
- Day 45—Claim is closed and letter is sent to the claimant and group.

Communication

- Communication method
 - Secure email
- Initial phone call to the claimants (within 4 days)
- Periodic phone interviews with the claimants on medical updates and abilities
- Correspondence to the employee and employer at every status change
- Notification to the claimant when additional information is needed

Lincoln Financial Group's LINKS process

Claimants with Lincoln Financial Group life insurance coverage¹, and who meet all of the policy provisions, are eligible for the life waiver benefit. Through the LINKS process, a claim for waiver of life insurance premiums is automatically set up and coordinated with the life insurance department. This extra step in our integrated process means the employee will not have to submit a separate claim.

Common offsets to long-term disability benefits

- Other group-sponsored insurance plans
- Social Security Disability
- Some pension and retirement plans
- Sick leave or salary continuation plan
- Workers compensation
- State disability offset

Payment Options

- Payment mode
 - Monthly (12 payments a year)
 - Payment options
 - Direct deposit (preferred method)
 - Check
- *All payments are made directly to the claimant.

Social Security Disability Income (SSDI)

With our ability to identify potential Social Security (SS) candidates early on in the claim we can get the right resources to them. Receiving SS helps improve the lives of a disabled claimant by getting them access to early Medicare, and if they have dependents it could give them additional benefits. We utilize top tier vendors that are experts in the field of SSDI to help claimants through the often complicated application process. If the first application is denied — which happens frequently — we can provide legal assistance in the reconsideration process. Our services are provided with no out-of-pocket costs to the claimant.

Waiver of premium process

WAIVER OF PREMIUM. Premium will be administered as follows during any period for which benefits are payable.

1. Long-term disability premium payments are waived for an insured employee who is disabled, during any period for which benefits are payable.
2. If coverage is to be continued following a period during which premiums were waived; then premium payments must be resumed, as they become due.

Appeal process

- 2 appeals reviews for life
- 180 days to request a review of an adverse decision

FICA

- LTD plans

Tax reporting activity	Lincoln responsibility	Employer responsibility
Employee FICA withholding and remittance (if applicable)	Yes*	No
Employer FICA remittance (if applicable)	Yes*	No
941 reporting	Yes*	No
W-2 reporting and distribution	Yes*	No
W-2 preparing and mailing	Yes*	No
W-2 corrections	Yes*	No
FUTA/SUTA	No	Yes

After year-end, annual FICA reports will be printed and mailed to the employer in January.

*Reporting done under Lincoln company name and EIN.

Return-to-work assistance

All of Lincoln’s disability plans are designed and managed to encourage and facilitate a timely return to work. Most claimants can be expected to fully recover or retain transferrable skills that can enable them to regain productivity in the workplace, and most people who have been ill or injured want to return to work when able.

Because the highest probability of a successful return to work is returning to the same employer, we strive to form partnerships with our customers that can result in a win-win outcome for the employer, employee, and Lincoln. And even if you find you do not have a role for your employee to return to, our vocational rehabilitation consultants can work with your claimants to find alternative employment by leveraging transferable skills, or helping to build new skills that lead to gainful employment.

Understanding your current workplace culture and ability or interest to help employees to return to work will be helpful to effectively administering your plan. It’s helpful for us to know:

1. Do you have a formal return to work process in place? Please describe.
2. If Lincoln identifies an employee who may have the ability to return to work part time, or full time with restrictions, who can we contact at your company to discuss these possibilities?
3. Does your company have an established policy for how long to hold a job or retain employment after an employee becomes disabled? For example, some companies may maintain employment throughout the STD duration, but terminate employment if the claimant extends to LTD.

If you have interest in further discussions about how Lincoln's vocational rehabilitation team can consult with you to build or expand upon a return-to-work process, or to discuss our capabilities in more detail, please let us know.

Other Topics

- **Trial Work Days**—Claimants return to work without starting a new elimination period.
- **Progressive Partial Payment**—Between disability payment and salary, the employee is able to receive 100% of pre-disability earnings, with no time limits & a 99% earnings test.
- **Residual Benefit**—Can satisfy the elimination period with total or partial disability.
- **Progressive Income Benefit**—Additional 10% up to \$5,000 benefit for disabilities that result in a loss of two ADLs or Cognitive Impairment. (not available in CA).
- **Change of Definition: Own occupation to Any occupation**—Standard timeframe is 24 months. The any occupation review begins 9 months prior to the change in definition of disability.
- **Recurrent Disability**—Recurrent Disability means a disability due to an Injury or sickness

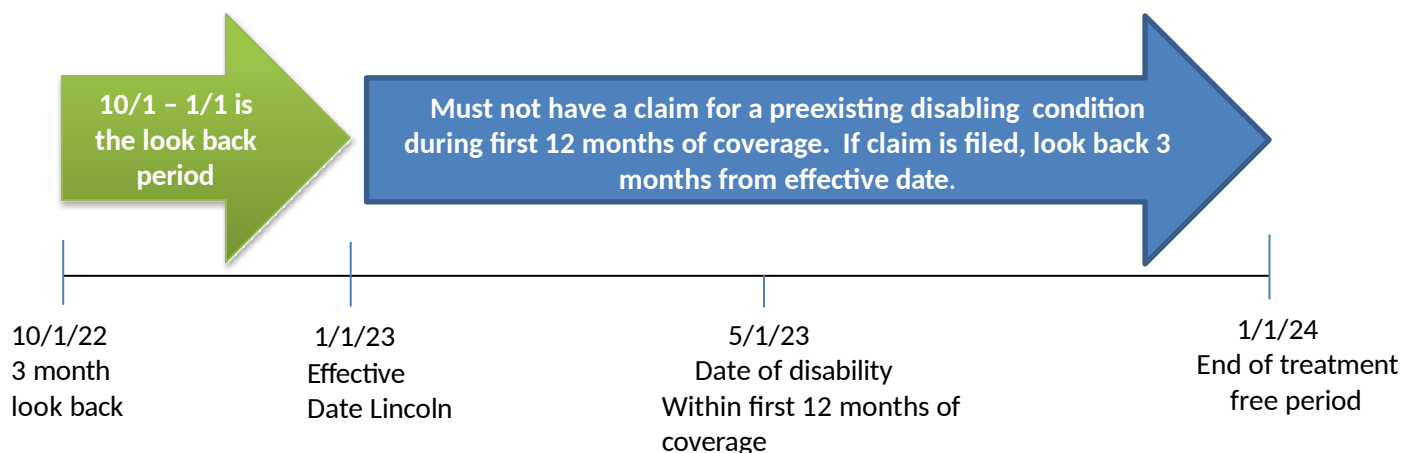
which is the same as, or related to, the cause of a prior disability for which monthly benefits were payable. A Recurrent Disability will be treated as follows.

1. A Recurrent Disability will be treated as a new period of disability, and a new Elimination Period must be completed before further monthly benefits are payable; if the insured employee returns to his or her regular occupation on a full-time basis for six months or more.
2. A Recurrent Disability will be treated as part of the prior disability, if an insured employee returns to his or her regular occupation on a full-time basis for less than six months.

- **Pre-x**—This provision stipulates that disabilities caused by, or contributed to, a pre-existing condition are excluded from coverage under the contract unless certain conditions have been met. A pre-existing condition applies to a sickness or injury from which the employee received medical treatment, consultation, care or services including diagnostic measures or prescribed drugs or medicines during a specific period of time prior to the employee's effective date.

If a pre-existing provision is included in your policy, an investigation based on the pre-existing language will be conducted, if applicable.

Example: A 3/12 pre-existing clause means that any disabling condition which the insured received treatment during the 3 months immediately prior to the effective date of coverage is excluded. Once the Insured has been covered for 12 months the pre-existing clause no longer applies.



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QUESTIONS

Employee Flyers

One-call claims

A simpler way to file your short-term disability (STD) claim



With one-call claims, you can seamlessly submit your STD claim over the phone in a matter of minutes.

Here's how the process works:

1 Call 888-742-8967

Submit an STD claim if:

- You've been absent from work because of a non-work-related illness or injury and will not be returning within the elimination period (the period of time before your benefits kick in) outlined in your company's policy.
- You're within one week of a planned surgery or childbirth.

2 Provide your information

When you call, you'll need to submit your:

- Name and date of birth
- Address and phone number
- Social Security number
- Employer - Transport Workers Union of America Local - (include your Local's number)
- Doctor's name, address, phone, and fax numbers
- Occupation and the last day you worked
- Condition or diagnosis
- Direct Deposit information

3 Stay tuned for a decision

After you submit your information, a claims specialist will process your claim and contact you, your union and/or healthcare provider for additional information if necessary.

It's also likely your physician will need to complete an Attending Physician's Statement. To make sure your physician receives this form, simply:

- Supply your doctor's fax number during your call, and we will fax the form directly to their office;
- Ask the claims examiner to send you the form and give it to your doctor; or
- Print the form at LincolnFinancial.com

Once we receive and review your information, we will notify you of our claim decision. If approved, your benefits will be paid as outlined in your union's policy.

Get anytime access to forms and benefit information at LincolnFinancial.com.

To access the forms and benefits information you need, simply:

1. Go to LincolnFinancial.com and click the Register link in the top navigation panel.
2. Select Employee Benefits, and follow the instructions.
3. Once registered, you can review coverage, claim status, and policy information. You can also print forms and report claim information such as a child delivery or a return-to-work date.

We're standing by to help



Call
888-742-8967
Monday through
Thursday, between
8:00 a.m. and 8:00
p.m. Eastern

Friday, between 8:00
a.m. and 6:00 p.m.
Eastern



Email
DisabilityClaims@LFG.com



Fax
877-843-3950



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Need to make a claim? We can help!





Accident, Critical Illness, Hospital Indemnity Insurance and Health Assessment Benefit claims*

At Lincoln Financial Group, we want to make the claim process as easy for you as we can. We will let you know what information we need, when we need it by, and what you can expect from us. From the first point of contact until the benefit decision, we're here to support you every step of the way.

Ways to submit a claim

- **Online:** Through our secure self-service portal
- **Email:** FileClaim@LFG.com
- **Fax:** 888-735-7636
- **Mail:** The Lincoln National Life Insurance Company, P.O. Box 2609, Omaha, NE 68103
- **Phone (Health assessment benefit only)** 888-742-8967

Download claim forms for mail, fax, and email submissions at LincolnFinancial.com/ClaimForms

 <p>Accident claim</p>	<ul style="list-style-type: none"> ■ Union ■ Group policy number ■ Member's information: <ul style="list-style-type: none"> - Name and birthdate - Address, phone number, and email - Social Security number or member's work ID 	<ul style="list-style-type: none"> ■ Patient's information and relationship to member ■ Reason for claim ■ Accident details: <ul style="list-style-type: none"> - Date - Location - Injuries sustained - Hospital 	<ul style="list-style-type: none"> ■ Payment preference, either check or direct deposit ■ Authorization for release of information ■ Physician's statement and verification, to be completed by your provider
 <p>Critical illness claim</p>	<ul style="list-style-type: none"> ■ Union ■ Group policy number ■ Member's information: <ul style="list-style-type: none"> - Name and birthdate - Address, phone number, and email - Social Security number or member's work ID 	<ul style="list-style-type: none"> ■ Patient's information and relationship to member ■ Type(s) of illness ■ Payment preference, either check or direct deposit ■ Authorization for release of information 	<ul style="list-style-type: none"> ■ Supporting medical records or medical information ■ Physician's statement and verification, to be completed by your provider ■ Supporting medical records or medical information
 <p>Hospital indemnity claim</p>	<ul style="list-style-type: none"> ■ Union ■ Group policy number ■ Member's information: <ul style="list-style-type: none"> - Name and birthdate - Address, phone number, and email - Social Security number or member's work ID 	<ul style="list-style-type: none"> ■ Patient's information and relationship to member ■ Confinement or admission details: <ul style="list-style-type: none"> - Date - Injuries sustained - Hospital 	<ul style="list-style-type: none"> ■ Authorization for release of information ■ Physician's statement and verification, to be completed by your provider ■ Supporting medical records or medical information
 <p>Health assessment benefit claim</p>	<ul style="list-style-type: none"> ■ Union ■ Member's name ■ Policy number ■ Member's Social Security number or work ID 	<ul style="list-style-type: none"> ■ Member's address, phone number, and email ■ Payment preference, either check or direct deposit ■ Patient's name and birthdate ■ Payment preference, either check or direct deposit ■ Tests performed 	<ul style="list-style-type: none"> ■ Physician information: <ul style="list-style-type: none"> - Name - Specialty - Phone number - Fax number - Address

Claims process

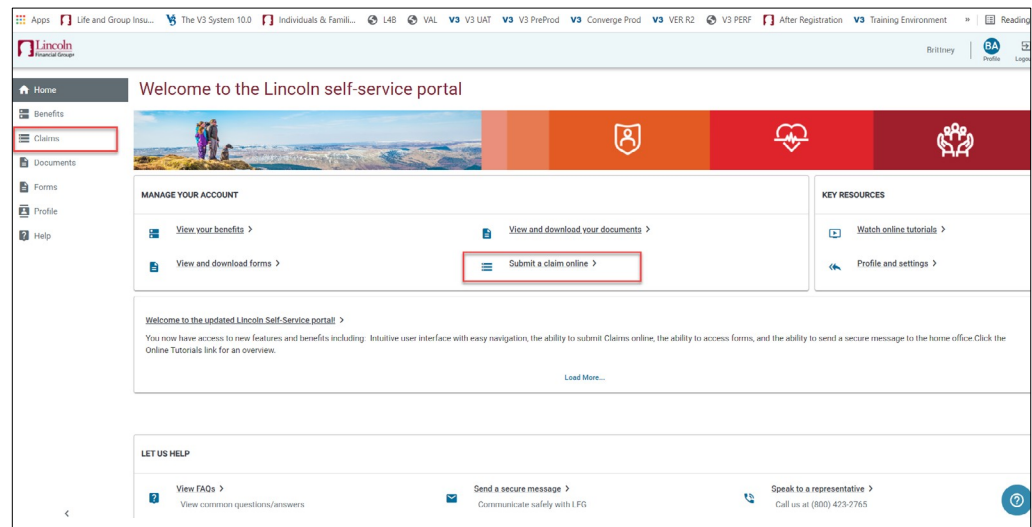
A claims examiner will review your claim within three to five business days of receipt and will follow up with the claimant, physician, or union if more information is needed. A claim decision will be made once we receive all needed information. If your claim is approved, benefits will be paid as outlined in your company's policy.

Before you get started, make sure to register on LincolnFinancial.com.

1. Click **Register** on the top right of the page.
2. Click the product link under Employee Benefits.
3. Enter requested information.
4. Validate your identity, and create username and password. Click **Log in Now**.
5. Enter your username and password, and create your security question.

Submitting claims through the Lincoln self-service portal

Once registered, log in to your account and select Group Accident, Critical Illness, or Hospital Indemnity Insurance to access the portal.



Step 1: Download claim form

- Click on **Claims**.
- Click **Download Claim Form**.
- Select the **Accident, Critical Illness, or Hospital Indemnity claim form**.

Step 2: Complete form

- Fill out all information and save the form to your computer.
- Click **Cancel** to close the Download Form window.
- To submit multiple documents, click the **Submit a claim form** and browse to the additional document you'd like to submit. This process can be repeated as many times as necessary to submit all of your documentation via the **Claims page**.

Step 3: Submit form

- Click on **Submit a claim online** on the homepage.
- In the pop-up window, click **Browse**, select the completed claim form, and choose **Open**.
- Add a description for the document and enter additional comments, if needed.
- Click **Submit Claim**. You'll see a message that the upload was successful.



Questions? Lincoln claims examiners are available at 888-742-8967

Monday - Thursday, 8:00 a.m. - 8:00 p.m. Eastern
Friday, 8:00 a.m. - 6:00 p.m. Eastern

*State variations may apply.

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QUESTIONS

Viewing Claim Status on the Portal

[Viewing Claim Status](#)

QUESTIONS

THANK YOU!