

Lincoln Financial Group  
Claims Process Reference Guide  
Long Term Disability  
IBEW Electrical Workers' VEBA



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## Long Term Disability

At Lincoln Financial Group, we take a stream-lined, 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
- **If group is situated in New York send to:** Lincoln Life & Annuity Company of New York, PO Box 2609, Omaha, NE 68103
- **Fax:** 877-843-3950
- **Web:** LincolnFinancial.com

\*If the claimant has STD and LTD coverage we will implement our LINKS process.

### Turn-around 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—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

- 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

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 Financial 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 Financial 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 Financial 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.

For claimants with Lincoln Financial Group life insurance coverage, 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.

## Payment Options

- Payment options
    - Direct deposit (preferred method)
    - Check
- \*All payments are made directly to the claimant

## Social Security Disability Income

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

For self-billed groups, the plan administrator must make the adjustment upon receipt of the copy of the approval letter and use the effective date indicated on the correspondence. The employer should not make the adjustment until they are notified that the claim has been approved for waiver of premium.

## Appeal Process

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

## 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 fulltime 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.

