



Long Term Disability Insurance Claim Guide

This handy guide will walk you through the entire disability Claim process, from filling out forms for Long Term Disability (LTD) insurance to how Madison National Life Insurance Company, Inc. (MNL) makes a claim determination.

How to File an LTD Claim:

LTD claim forms can be printed or completed online at www.madisonlife.com. The employer may also have these forms on hand when an employee needs to file for disability.

A Complete Claim Consists of These Three Forms:

1. Employee's Statement of Claim for Benefits should be completed by the employee.
2. Employer's Statement of Claim for Benefits should be completed by the employer.
3. Attending Physician's Statement form should be completed by the physician.

Important!

The claim is considered pending until MNL receives all three parts of the application. The employee and employer will receive correspondence advising what forms, if any, are still missing. That means no work is able to be done on the claim until all forms are completed and received, and the claim is complete.

A Claim Can Be Submitted Via Mail, Fax, or Online:



Mail:

Madison National Life Insurance Company, Inc.
P.O. Box 2865
Clinton, IA 52733-2865



Fax:

608-830-2701



Online:

www.madisonlife.com



What About Medical Records?

When a claim is reviewed, the Claims Specialist evaluates the claim application and submitted medical records. To expedite the claim, include medical records from all treatment providers. MNL can request medical records on the employee's behalf but note that this will delay the processing of the claim. If some but not all medical records are released, MNL may be required to continue the review of the claim with incomplete medical information.



The Claim Process:

The claim process really begins once the claim is submitted to MNL. There is a lot that goes on behind the scenes between the time the paperwork is submitted to the time the employee receives a determination letter.



A Claims Specialist Will Be Assigned to the Claim Once the Claim Application Is Received and Eligibility Is Verified. A Claims Specialist Will:

- Perform an initial claim review and request additional documentation from the employee if needed
- Answer any questions the employer or employee may have
- Assist the employee throughout the entire life of the claim, including coordinating their return to work, and helping them obtain benefits like Social Security if appropriate
- Make the final claim determination – approved or denied and provide correspondence explaining the rationale for the determination

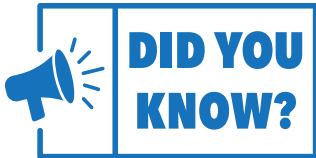
How Long Does It Take to Get a Claim Determination?

Turn-around times vary, depending on information needed for the claim. A determination is made as soon as a

complete evaluation of the claim is finalized. An evaluation can take longer if medical records are needed and they weren't submitted with the initial application, a medical review is required, etc.

How to Speed Up a Claim Review:

1. **Submit the claim as early as possible.**
There is no need to wait to file a claim. An application for benefits can be submitted as soon as the employee knows that they will be unable to work (due to birth of a child, upcoming surgery, etc.)
2. **Submit medical records along with the application.**
Medical records are required for many claim determinations and it is recommended that records be submitted along with the initial application.



Claim status can be checked online anytime at www.madisonlife.com.

Once the Claims Specialist makes a determination, the claim is either approved or denied.



Claim Approved

If the claim has been approved, the Claims Specialist will send out an Approval Letter to the employee and a copy to the employer.

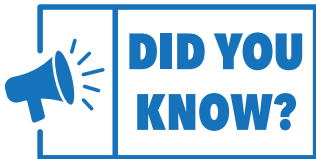
Benefits will be paid following the completion of the elimination period*, and the receipt of the Reimbursement Agreement form (if required by the policy).

**The elimination period is a timeframe during which no benefits are issued following the start of a disability.*



Claim Denied

If the claim has been denied, the Claims Specialist will send out Denial Letters to both the employee and employer. Both letters are distinct. The employee's letter will explain in detail why the claim was denied and information on how to appeal a claim denial. The employer's letter will be more generic in nature regarding the claim being denied (for privacy purposes).



Filing for a Short Term Disability Insurance (STD) claim is the same process as the LTD if both policies are with MNL.

If the STD period ends, it can be rolled into an LTD claim without any additional paperwork. Additional paperwork would be required if your STD and LTD coverages are with two different carriers.

What You Need to Know About Waiver of Premium:

LTD:

Premiums must be paid through the elimination period. When an employee is eligible for a LTD payment, LTD insurance premiums are waived. Indicate on your billing statement that the employee is on LTD and include the approved effective date of disability.*

Group Term Life Insurance (GTL):

For those disabled employees who have both their GTL and LTD coverage through MNL, a GTL Waiver of Premium claim is opened when

the LTD application is received. Premiums must continue to be paid until the Waiver of Premium claim is approved by MNL. For those claimants who have their GTL through another carrier, a separate claim would need to be filed.

Health:

Check your health insurance plan to see if it contains a premium waiver clause.

**Not applicable for most STD policies.*

Marketed By:



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Underwritten By:



Madison National Life Insurance Company, Inc. is a Wisconsin Insurance Company and a Member of the IHC Group. The IHC Group is an insurance organization composed of Independence Holding Company (NYSE:IHC) and its operating subsidiaries. The IHC Group has been providing life and health insurance solutions for over 30 years. For information about Madison National Life Insurance Company or the IHC Group, see www.ihcgroup.com.