

DISABILITY CLAIM PROCESS - FAQ

- **How do I file a claim?**

A: A complete claim consists of three claim forms:

1. **Employee's Statement of Claim for Benefits.** This form must be completed by the disabled insured. This form includes a Reimbursement Agreement form and a Patient Authorization to Release Protected Medical Information.
2. **Employer's Statement of Claim for Benefits.** This form must be completed by a representative of the employer.
3. **Attending Physician's Statement form.** This form must be completed by the Physician supporting the reported disability. This form includes a request that supporting medical documentation be provided for consideration. To expedite the review of your claim we highly recommend that the requested medical documentation be provided.

Please see your Employer to obtain the forms.

We recommend that all forms be completed in detail to allow for the prompt review of your claim for benefits.

- **Do I need anything else to complete the claim?**

A: In most cases, medical records to support the functional impairment are required. We highly recommend that medical records from all treatment providers be submitted along with the application for benefits. In the event that medical records are not submitted, we will use the Patient Authorization to Release Protected Medical Information form to obtain the necessary medical information.

- **Why are Medical Records needed?**

A: A review of the claim cannot be completed without medical information to support a date of disability and loss of functionality. To expedite your claim, you may request these records and include them with the claim forms. If you would like Madison National Life Insurance Company, Inc. to request these records for you, please expect a delay in the processing of your claim since it does take additional time to secure records from each of your providers. If you choose not to release some, or all, of your medical records we may be required to continue our review of the claim with incomplete medical information.

- **What happens to my claim once everything has been submitted?**

A: Your coverage will be verified once all three of the required claim forms have been submitted. Once insurance coverage has been verified your claim will be assigned to a claim specialist. The claim specialist will review the available information, obtain additional information when required, and make a claim determination based on all of supporting documentation. In order to get a better understanding of your functionality, the claim specialist may need to obtain a medical opinion from an independent specialist in which case you will be notified.

- **How long will it take to for a decision to be made?**

A: A decision will be made as soon as a complete evaluation of the claim can be finalized. Numerous factors dictate the turn-around time, including whether medical records are received along with the initial application, whether additional medical review is required, length of the elimination period, etc. In the event that additional medical records are required it is not uncommon for it to take two or more weeks to receive medical records from treatment facilities. For this reason, it is highly recommended that medical records be provided along with the initial application. If a review for functionality is required, it will take additional time for a decision.

- **Will I be notified once a decision has been made?**

A: Once a determination has been made regarding the potential payment of benefits both you and your employer will be notified by us in writing. You can also check this website for an update regarding the status of your application for benefits. Simply select the "Check Claim Status" button at the top of any page and follow the log in instructions. You will be able to check the current status of your claim as well as review the most recent three payments issues.

- **What is an elimination period?**

A: All Certificates of Insurance include an elimination period, which is a timeframe during which no benefits are issued following the start of a Disability. The length of the elimination period is included in the Certificate of Insurance.

- **If my claim is approved, when will benefits be paid?**

A: Disability benefits will begin following completion of your elimination period. Benefits are not paid retroactively for the timeframe of the elimination period. Benefits are issued based on the payment frequency outlined in your Certificate of Insurance.

If benefits are paid on a monthly basis, the first payment of your claim will be scheduled to be issued one month after the end of your elimination period. (EXAMPLE: If your elimination period ends and you are benefit eligible beginning January 1st, benefits for the timeframe of January 1st up to February 1st would be scheduled to be issued February 1st.)

- **Why do I need to sign and return a Reimbursement Agreement?**

A: The disability Certificate of Insurance generally specifies that no benefits are payable until the Reimbursement Agreement is signed by you, your spouse, if applicable, and a witness over age eighteen (18). This Agreement does not need to be notarized. The purpose of this Agreement is to explain in detail the possibility of an overpayment of your claim should there be other sources of income that are deductible in accordance with your Certificate of Insurance that we were not aware of at the time the claim was paid. In the event that an overpayment were to occur, it is your responsibility to repay the overpayment total within fifteen days. (Agreement is not applicable in all states)

- **Where can I get a copy of my Certificate of Insurance?**

A: Since Group Insurance is provided through an employer, the Certificate of Insurance is provided to each employer for distribution to all insured employees. If you would like to obtain a copy of your Certificate of Insurance, we recommend that you speak with your Human Resources / Benefits representative for this information or if you are unable to obtain the information from your employer, you may contact us directly to obtain the Certificate of Insurance from our company.

- **Will my employer see my medical information?**

A: Medical information received as part of a claim is confidential. Medical information will not be released by Madison National Life Insurance Company, Inc. to an employer unless you specifically authorize us in writing to do so. Your employer may request an update regarding the status of your claim, which we will provide without sharing any confidential medical information.

- **Will you discuss my claim with my spouse, or other person?**

A: Information regarding your claim will not be discussed with any other individuals without your written permission. In the event that you would like Madison National Life Insurance Company, Inc. to share your confidential information with another person, we will require a written statement specifically detailing the information that can be shared, and with whom this information can be shared. This statement will need to be signed, dated, and reviewed by Madison National Life Insurance Company, Inc. before any information could be released to the listed representatives.

- **What happens if my claim is denied?**

A: If your claim is denied, your claim specialist will provide a detailed letter including the rationale, appeal procedure and suggested items to submit to perfect your claim. If you do not agree with the determination that has been made by Madison National Life Insurance Company, Inc., an appeal can be submitted for review by our appeal committee.

- **I've been approved for (another disability policy, Social Security Disability Insurance, State Disability/Retirement). Why am I not approved by Madison National Life Insurance Company, Inc.?**

A: The Certificate of Insurance provides the definition of disability upon which Madison National Life Insurance Company, Inc. must evaluate your claim for benefits. This definition of disability is not necessarily the same as other disability programs. In addition, the determination made by Madison National Life Insurance Company, Inc. is made based on the available medical information. We highly recommend that all available medical information be provided at the onset of a claim to be assured that all medical documentation is considered at the time of claim review.

- **Are my benefits taxable?**

A: Madison National Life Insurance Company, Inc. does not provide tax advice. Please consult your own tax advisor for responses to any questions that you may have regarding your personal tax situation.

If the premiums paid for your insurance is paid by either your employer or by you pre-tax, then any benefits issued by Madison National Life are considered taxable. If the premiums are paid by you post tax, the benefits paid by Madison National Life are not taxable. If premiums are paid by both your employer and yourself post tax, your benefit will be taxable in accordance with the portion of premiums paid by your employer.

Federal taxes can be withheld by Madison National Life Insurance Company, Inc. from your benefit payment if you request Madison National Life Insurance Company, Inc. to do so. State and/or County taxes can only be withheld in specific states. In the event that these taxes can be withheld in your state, you will be notified by your claim specialist. Taxes can be withheld upon receipt of your written request. Your request must include either a specific dollar amount or percentage of your benefit which you would like to have withheld.

If benefits are taxable, forms required for filing taxes will be issued to you by Madison National Life Insurance Company, Inc. by January 31st of each year.

- **What if I am receiving income from other sources?**

A: Most Certificates of Insurance carve out other sources of deductible income from your benefit payment. This means that your benefit may be reduced by some or all of the money you receive, depending on the source. Your Certificate of Insurance will outline what kinds of other deductible income will reduce your benefit. We recommend that you notify your claim specialist immediately if you are receiving income from another source to avoid an overpayment of your claim for benefits.

- **If my claim is approved, how will I get paid?**

A: Benefit payments are issued via paper checks which are mailed via the United States Postal Service. In the event of a continuing Long Term Disability claim, your specialist may offer Electronic Funds Transfer (EFT) and will be able to tell you if your claim is eligible for EFT/Direct Deposit payments.

- **Can I check the status of my benefit payments online?**

A: The status of your benefit payments can be located on this website. Simply select the "Check Claim Status" button at the top of any page and follow the log in instructions. You will be able to see the details associated with the three most recent three payments issues.

- **I have read through this FAQ and I still have questions.**

A: If your questions have not been addressed on this FAQ sheet, please contact our Customer Service line, Monday through Friday, 8:00am to 5:00pm. You will be able to speak with a Customer Service team member or a claim specialist who will assist in answering any remaining inquiries you may have. Our Customer Service line is 1(800)356-9601 ext. 2410.

The information contained above is being provided in an effort to answer some of the questions that may arise when filing an application for benefits. This FAQ is a summary only and is not part of the entire contract. If you have additional questions, we first suggest that you refer to your Certificate of Insurance which details the exact terms of your insurance. Should you continue to have questions you may contact us at 1-800-356-9601 extension 2410. Claim specific questions cannot be answered until your application for benefits has been received and your claim has gone through our standard billing and eligibility verification process.

Disability Income Insurance is underwritten by Madison National Life Insurance Company, Inc.

Not all products, benefits and services are available in each state.