

What to Expect when you File a Claim

How do I submit a claim for Long Term Disability?

The claim form includes everything you will need for a claim request, including:

- Information you must complete
- A section for your doctor to complete
- An authorization form, that must be signed and dated, that enables Unum to gather additional information as it becomes necessary

All information must be sent back to:

Unum
The Benefits Center
PO Box 100158
Columbia, SC 29202-3158
1-800-858-6843

Who reviews my claim?

Once Unum receives your completed claim request, they will provide you with direct access to a disability benefit specialist (DBS) who will personally handle your claim. Once Unum receives your claim, your DBS will contact you. When appropriate, your DBS will call your employer and your physician to better understand your condition and your potential for recovery. Unum's own physicians, case managers, nurses and vocational rehabilitation consultants support your DBS and may also be in touch with your doctor.

When will a decision be made on my claim?

With some conditions, such as recovery following routine surgery, your benefits can start to accrue almost immediately once you have satisfied your waiting period. If your medical condition is more complicated, Unum may require additional medical information. Depending on how quickly they receive this information, your benefits determination could be prolonged. In such cases, your DBS will provide you with a written update every 30 days or less until a decision has been made. Your prompt response to Unum's requests for information will help them serve you better and help ensure you receive payments in a timely manner.

How will I know when I'm ready to go back to work?

Because most disabilities are not permanent in nature, Unum offers you return to work support in addition to your financial benefits. Assessing your return to work potential is part of your claim evaluation from the start. At the appropriate time, a vocational rehabilitation consultant may be assigned to assist in your transition back to work.

What happens if.....

If your claim becomes long term, more than 90 days, your DBS will stay in contact with you and your doctor to monitor your medical condition. Periodically, UNUM will reassess your claim. If you disagree with Unum's decision, you may appeal the decision by requesting a separate, impartial review from our quality performance support unit.