# FILING A DISABILITY INCOME CLAIM - Guidance

There will be periods when you are not quite sure you have done it right as you'll get paperwork followed by more paperwork, so patient and follow this guide. There is only way to file a disability insurance claim and that is to prepare it as a **presentation** and to do it right the first time. Prepare, prepare and prepare some more….

## Some Useful Questions:

Q. *When should you apply for benefits?*

A. When you and your doctor are certain you'll still be disabled beyond the Waiting Period. Also, within the time period stated in your policy document.

Q. *How do I apply for the Benefits?*

A. Complete the correct claim form and then ask your doctor to review their "Attending GP Statement".

Q. *How does the GP participate in the claims process?*

A. Your doctor's cooperation is vitally important to the claims process. Your doctor, in addition to attesting to your partial or total disability, will need to provide your insurer with all your medical records, including Specialist reports. This means they will have to be familiar with your actual work and the physical/mental demands it places on you. It would be an understatement to say that your GP will need to be your ally in the claims process.

## The Claims Process:

- The insurer's Claims Case Manager will always look to check the "credentials" of the medical reports attesting to the disability. If not already done, ask your GP if they would recommend that you seek the opinion of another specialist to reconfirm your disability.
- It's very important to review what **"pre-existing conditions"** means to ensure the claim may not be subjected to non-disclosure or mis-statement:
    - *Any accidental bodily injury, sickness, mental illness, pregnancy, or episode of substance abuse; or*
    - *Any manifestations, symptoms, findings, or aggravation related to or resulting from such accidental bodily injury, sickness, mental illness, pregnancy, or substance abuse for which you received medical care before your cover commenced.*

- Medical care is received when:
  - *A medical doctor is consulted, or medical advice is given, or*
  - *Treatment is recommended, prescribed by, or received from a GP.*
- Treatment includes but is not limited to:
  - *Medical examinations, tests, attendance, or observation; and*
  - *Use of drugs, medicines, medical services, or supplies or equipment.*

- When a claim is compounded by psychological issues, make sure it's noted that the psychological disability is the result of the primary (medical) disability rather than a pre-existing battle with depression or some similar mental challenge. *(e.g. if a claimant is severely depressed in part because of a disabling heart condition, then the disabling condition is the heart condition. Just because a claimant had marital counselling 10 years ago with a psychologist, that would not be a reason for an insurer to deny benefits today because of a mental or nervous disorder).*

- **Never** leave the form with anyone but your doctor – ideally discuss this personally with them first.

- When the GP's form is returned to you, you may be relieved to receive it and to send it immediately to the insurer BUT that is a major mistake. This is like an application for a job – you are applying for regular checks. On your next follow-up appointment with your GP, before you leave, say you'd like to discuss the disability claim you're filing with the insurer. This could be the most important interaction you've ever had with him or her!

- Insist on seeing the medical records that your GP intends to submit to the insurer. These tell the most important parts of the story, and you MUST be aware of this information – the medical reports are yours and you have every right to view them. Your future financial survival depends on their co-operation.

- Be confident that your doctor can tell you that they can ethically support your disability. If they have any difficulty making hard and fast statements, remind them they should keep in mind that they are talking about today and not forever – this is critical, i.e. you are unable to sustain partial or full-time work ***today***.

- Another critically important factor is influencing your likelihood of collecting benefits (or not) is whether your GP will support your claim. A lack of communication with your GP will certainly create an obstacle to the payment of benefits. Each of you telling different stories certainly is not a **team effort**, which it must be. If you don't have absolute cooperation and communication with your GP, you risk never collecting the payments that you need and deserve.

- Occasionally when attesting to your disability the GP does not <u>clearly</u> identify the extent of the disability, e.g.

- **WEAK:** Unable to do his job – **STRONG:** Cannot sustain full-time work at his job.
- **WEAK:** Unable to work due to his disability – **STRONG:** Completely unable to perform all the important duties of his job.
- **WEAK:** Could work for several hours daily, several days per week – **STRONG:** Unable to sustain level of activity sufficient to perform his job on a daily basis.
- **WEAK:** Cannot maintain clear thinking for long periods – **STRONG:** Unable to concentrate, complete tasks, stay organised and focussed, relate to others, and has memory impairment.

- The last day you worked prior to acquiring your disability is the beginning of your new life with a disability. Do you work a full 8-hour day before your date? Did anything change ***medically*** to cause you to stop working within the next 24 hours?
- The person responsible for determining the degree of your disability and whether you can expect claim payments, is the insurer's Claims Case Manager. Each disability claim stands on its own, with its own set of circumstances.
- Submit enough quality information to support your disability claim. The claim for is simply a standardised form! Your doctor needs to understand that he or she must support your inability to do the "material" and "substantial" duties of your job, so add ECG's, blood tests, MRI's and so on to give your claims examiner a clear picture of your inability to work.
- Supplement your claim with your own research – remember it is a presentation! Support it with medical (and psychiatric) journals offered by your Specialist(s), or the Internet. You may also want to obtain statements from independent people who can articulately describe you condition/situation, e.g. a manager or co-worker.
- If you and your GP feel an insurer's Independent Medical Examiner is representing you unfairly or ignoring the opinions and statements made by your doctors, it's suggested you ask for the credentials of that Specialist and whether there might be a bias. If you and your treating GP agree that bias exists, then insist upon an evaluation by another medical examiner that is totally independent.
- Finally, before you send off your claim, think as an insurance claims examiner, e.g.
  - is there enough information?
  - is everything properly completed?
  - has the inability to work been substantiated?
  - is there adequate supporting documentation, etc.?
  - Will they conclude that the claimant is disabled "badly enough" based on the evidence in doctor's report(s)?

**DO's and DON'T's:**

1. Review the eligibility section of your policy wording.
2. Be clear on whether you could return to work.
3. Make sure you're clear on whether you totally disabled or partially disabled?
4. Review what you have written in your claim form.
5. Always review your doctor's statement?
6. Be prepared to go on a rehabilitation program.
7. When asked about anything, try not to get angry or upset.
8. Call a time-out so that you can regroup and refocus.

Finally, recall the last courtroom drama you watched on TV. Think of how the prosecuting and defending Barristers presented their opposing cases and how witnesses testified, and the accused was cross-examined. No ask yourself: how many times has a case been won when the opposing lawyer has been able to substantiate that his opponent had presented conflicting information? This is the single most important factor in filing a disability income claim.

When you've submitted your claim with information that results in your claim being denied, you're already at a significant disadvantage. Appealing and overturning a claim denial is a very difficult, somewhat complicated, expensive, and time-consuming process.

***Therefore, it's critical to do it right the first time!***