

Lincoln Financial Group claims process reference guide

Long-term disability



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Long-term disability

At Lincoln Financial Group, we take a streamlined, 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
- **Fax:** 877-843-3950
- **Web:** LincolnFinancial.com

Turnaround 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—Our 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

- Communication method
 - Secure email
- 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

Claimants with Lincoln Financial Group life insurance coverage¹, 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.

1 Self-insured voluntary coverage is not included in our LINKS process.

Common offsets to long-term disability benefits

- Other group-sponsored insurance plans
- Social Security Disability
- Some pension and retirement plans
- Sick leave or salary continuation plan
- Workers compensation
- State disability offset

Payment Options

- Payment mode
 - Monthly (12 payments a year)
 - Payment options
 - Direct deposit (preferred method)
 - Check
- *All payments are made directly to the claimant.

Social Security Disability Income (SSDI)

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

WAIVER OF PREMIUM. Premium will be administered as follows during any period for which benefits are payable.

1. Long-term disability premium payments are waived for an insured employee who is disabled, during any period for which benefits are payable.
2. If coverage is to be continued following a period during which premiums were waived; then premium payments must be resumed, as they become due.

Appeal process

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

FICA

- LTD plans

Tax reporting activity	Lincoln responsibility	Employer responsibility
Employee FICA withholding and remittance (if applicable)	Yes*	No
Employer FICA remittance (if applicable)	Yes*	No
941 reporting	Yes*	No
W-2 reporting and distribution	Yes*	No
W-2 preparing and mailing	Yes*	No
W-2 corrections	Yes*	No
FUTA/SUTA	No	Yes

After year-end, annual FICA reports will be printed and mailed to the employer in January.

*Reporting done under Lincoln company name and EIN.

Return-to-work assistance

All of Lincoln’s disability plans are designed and managed to encourage and facilitate a timely return to work. Most claimants can be expected to fully recover or retain transferrable skills that can enable them to regain productivity in the workplace, and most people who have been ill or injured want to return to work when able.

Because the highest probability of a successful return to work is returning to the same employer, we strive to form partnerships with our customers that can result in a win-win outcome for the employer, employee, and Lincoln. And even if you find you do not have a role for your employee to return to, our vocational rehabilitation consultants can work with your claimants to find alternative employment by leveraging transferable skills, or helping to build new skills that lead to gainful employment.

Understanding your current workplace culture and ability or interest to help employees to return to work will be helpful to effectively administering your plan. It's helpful for us to know:

1. Do you have a formal return to work process in place? Please describe.
2. If Lincoln identifies an employee who may have the ability to return to work part time, or full time with restrictions, who can we contact at your company to discuss these possibilities?
3. Does your company have an established policy for how long to hold a job or retain employment after an employee becomes disabled? For example, some companies may maintain employment throughout the STD duration, but terminate employment if the claimant extends to LTD.

If you have interest in further discussions about how Lincoln's vocational rehabilitation team can consult with you to build or expand upon a return-to-work process, or to discuss our capabilities in more detail, please let us know.

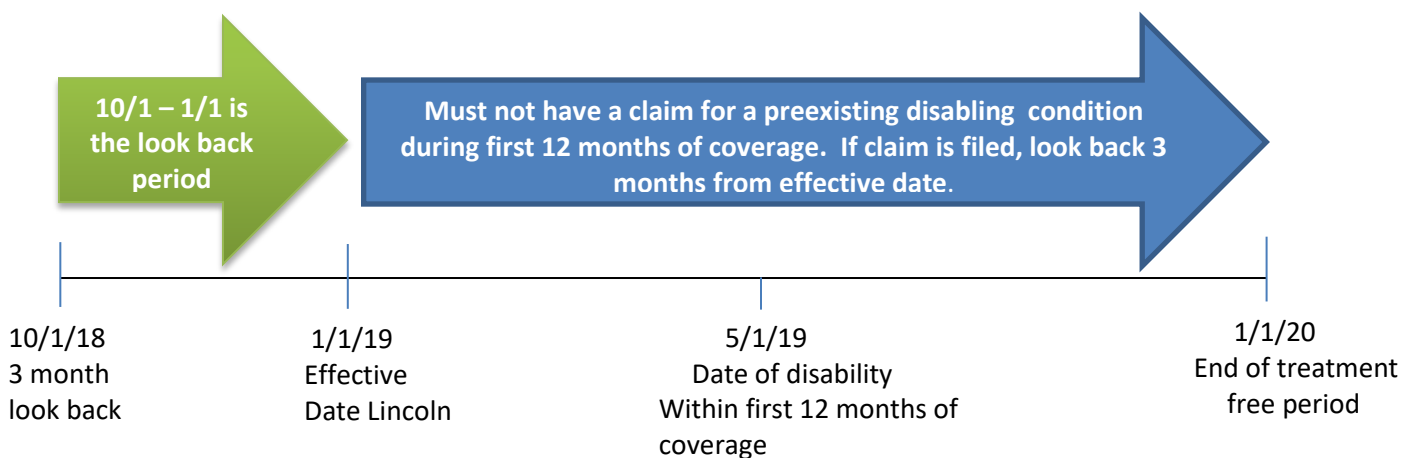
Other Topics

- **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.
 - 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.
 - 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 full-time 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.





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