

# Lincoln National Life Insurance Company

## VOLUNTARY SHORT TERM DISABILITY PLAN

### FREQUENTLY ASKED QUESTIONS



#### BUS MEMBERS ONLY

This document provides a brief overview of the Lincoln National Life Insurance Company (Lincoln) Voluntary Short Term Disability (VSTD) insurance plan sponsored by the UTU. This document is not comprehensive in nature or intent and does not address all conditions and qualifications to which benefits may be subject. The plan documents, including but not limited to the Group Policy and Policy Certificate, govern the operation of the plan. Airline and Rail members are not eligible for this plan.

#### COVERAGE INFORMATION

##### **How do I know if I am covered under this plan?**

You are covered if you are an actively at work (30 hours per week) dues paying member of the UTU and making a premium contribution via payroll deduction. Once covered, if you are placed on active E-49 status, your coverage will be suspended until you are once again actively at work, paying dues and premiums. Being placed on E-49 status because you become disabled does not prevent you from filing a disability claim.

**What happens if I am on active E-49 status during the initial enrollment – am I covered?** NO. You are not eligible unless you are actively at work and paying dues. When you return to work you will be eligible for coverage and premiums will be deducted automatically by your treasurer – unless you have at any time waived your coverage by submitting a waiver post card to the International.

##### **What if I don't want or need the coverage – do I still have to pay for it?**

NO. You may waive (opt out) of the coverage at any time and owe no further premiums. We automatically enroll everyone to be certain that no one who wants coverage is accidentally overlooked. You will have an opportunity to decline coverage, if you so choose. Simply complete the waiver post card and mail it to the International. If we don't receive a waiver card, we assume you want coverage and will deduct the premiums from your pay.

##### **If I choose to waive (opt out) of the coverage, can I sign up at a later time?**

YES, but you will be subject to full underwriting (at your expense) and you may not qualify for coverage. Think carefully before deciding to waive coverage. Your decision to "opt out" may be irreversible.

##### **If I own a UTUIA disability plan, will I be able to collect benefits on the UTUIA plan if I purchase the Lincoln plan?**

YES. UTUIA benefits are always payable at full value without offset. Additionally, no group carrier, including Lincoln, may reduce their benefits because you own a UTUIA plan. UTUIA benefits are always tax-free.

##### **Will I be taxed on the benefits I receive from Lincoln?**

NO. Since you are paying 100% of the premiums and your premiums are paid with after-tax dollars, any benefits paid to you by Lincoln are tax-free.

## **BENEFIT AND PREMIUM INFORMATION**

The BUS plan pays \$200 per week (approximately \$866 per month) and costs \$26.50 per month. See the Lincoln BUS flyer for a description of the benefit information.

### **What is the basic disability benefit amount for the BUS plan?**

The weekly benefit is \$200 per week for up to 52 weeks.

### **Am I covered for accidents and sickness?**

YES. You are covered for disabilities that result from accidents or sickness.

### **Am I covered on and off the job?**

NO. The Lincoln plan is designed to provide you coverage for off the job injuries or illnesses.

### **How long are maternity benefits payable?**

Typically, benefits are allowed for up to 6 weeks following delivery. Benefits payable would represent 6 weeks minus the 30 day elimination period. If your physician determines, however, that you can't work prior to delivery or need to be off longer than 6 weeks following delivery, Lincoln will request medical records to determine if additional benefits are allowed. Each claim is reviewed on a case by case basis.

### **May I use vacation time concurrently with disability benefits?**

YES. Vacation time may be used to supplement disability benefits.

### **Will the disability benefit be paid concurrently with an Individual Disability Policy?**

YES. If you are deemed disabled and entitled to receive disability benefits, any Individual policy that you have purchased (UTUIA or otherwise) may be paid concurrently without a reduction to your Lincoln benefits.

### **Will any other income reduce the disability benefits which I may be paid? NO.**

### **If I am covered, how do I qualify to receive disability benefits from the plan?**

To qualify for benefits from the disability plan:

- You must be under the care of a qualified physician;
- You must be unable to perform the duties of your occupation;
- You must be disabled beyond 30 calendar days; and
- Lincoln must receive supporting medical information from your doctor and approve your claim

## **FILING A DISABILITY INCOME CLAIM**

### **How do I file a claim for benefits?**

Contact the Lincoln Claims Department at 800-423-2765 to request a claim form or visit the UTU website under the Lincoln Group VSTD section and download a claim form along with filing instructions. Your local treasurer may also have a supply of claim forms available for your use.

To expedite your claim, follow all the instructions exactly and provide all the requested information. When complete, mail the claim form to:

Lincoln National Life Insurance Company  
Attn: National Account Disability Claims  
PO Box 2609  
Omaha, NE 68103

Or Fax to 877-843-3950 Attn: National Account Disability Claims

You must have all sections completed before mailing the form to the Lincoln Claims Department. You should complete and sign pages 1 and 2, have your local chairman complete and sign page 3, and have your doctor complete and sign page 4. An incomplete form may be returned to you.

**When should I call to report my absence from work?**

If you are out of work for more than 30 calendar days or if you know in advance that you will be out of work for more than 30 days due to an injury, illness or pregnancy (i.e. a scheduled surgery) – call Lincoln immediately. Failure to file your claim in a timely manner could delay claim processing.

**CLAIMS PROCESSING**

**Who at Lincoln will be handling my claim?**

A team of dedicated Claim Analysts within Lincoln will handle all disability claims.

**How do I check the status of my claim?**

Call **(800) 423-2765** for claim and policy inquiries. Please listen to the menu selections carefully.

**Where should my physician or I send information regarding my claim?**

All information should be mailed to:

Lincoln National Life Insurance Company  
Attn: National Account Disability Claims  
PO Box 2609  
Omaha, NE 68103

Or Fax to 877-843-3950 Attn:National Account Disability Claims

**How will my claim for disability benefits be evaluated?**

Within a few business days from your initial claim notification, you may receive a call from the Claim Analyst assigned to your claim. The Claim Analyst may ask additional questions and describe the steps that will be taken to evaluate your claim for benefits. In evaluating your claim, the Claim Analyst will consider several factors including:

- Medical information
- Activities you can and cannot perform
- Your medical treatment plan and prognosis for recovery
- Your job description and functional requirements.

**Will Lincoln contact my physician?**

YES. Lincoln may need to contact your physician if additional information is necessary to process your claim. The claim form includes a statement of authorization that you sign, giving Lincoln permission to contact your physician if necessary. This will avoid delays in the evaluation of your claim. You are ultimately responsible for ensuring that your physician(s) provide Lincoln with the needed information.

**What are some reasons the processing of my claim may be delayed?**

- You failed to call and report your claim in a timely manner
- Your eligibility status cannot be confirmed
- Your Claim Analyst is having difficulty obtaining necessary information from your physician
- The medical information provided is insufficient and your Claim Analyst must request further information
- You failed to provide additional information that your Claim Analyst requested

**What should I expect if my claim is approved?**

If your claim is approved, benefits will be paid weekly as long as you meet the definition of disability. Checks will generally be processed by Lincoln within 2-3 business days. You will receive an approval letter, which will indicate the date to which your benefits have been approved. You will also receive an Explanation of Benefits (EOB) statement, explaining your first benefit check.

Your benefit payments will end on the day prior to your expected return to work date. You will be expected to return to work on that date unless medical documentation of your continued disability is received which supports continued benefit payments. Of course, if you return to work prior to the expected date, your benefit payments will end on that date.

**If approved, how will my disability claim continue to be monitored?**

Frequent and open communication between you and your Claim Analyst is important if you are to return to work quickly and safely. Therefore, your Claim Analyst will call you from time to time to discuss your recovery, return to work alternatives, and answer any questions you may have.

The Claim Analyst will also follow-up periodically with your physician to see how your treatment plan and recovery are progressing. Additional information from your physician may be necessary to continue disability benefits.

**What should I expect if my claim for disability benefits is not approved?**

If your claim is not approved, you will receive a letter stating the reason(s) for denial. The letter will also outline the appeals process. That process includes a requirement that you send written appeal notification to the Lincoln claims unit within 180 days of your receipt of the denial letter. Appeals are normally processed within 45 days.

**What should I do when I return to work?**

Call your Claim Analyst immediately with your return to work date. This will avoid overpayments in which you will be required to reimburse to the plan.

If you have questions that are not answered in this document please call Lincoln Financial Group at 1-800-423-2765. Reference your Group ID as: **UNITEDTU**