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## **MATERNITY QUESTIONS**

### **What is the duration for short-term disability benefits for maternity leave?**

Standard recovery time for vaginal delivery is six weeks, or eight weeks for Cesarean delivery. Benefits may be considered prior to delivery upon receipt of supporting medical documentation. Benefits could also be considered past the six-week or eight-week benefit period with supporting medical documentation.

### **When can I file a claim for maternity benefits?**

A short-term disability claim may be filed any time before or after delivery but it is recommended to file the claim as close to delivery date as possible.

### **How will benefits be paid for maternity leave?**

Benefits are normally paid in one lump sum for the six- or eight-week period of disability.

## SHORT-TERM DISABILITY QUESTIONS

### How can I file a claim?

Lincoln Financial Group offers three easy ways to file a claim:

- For telephonic filing, please call a representative at our toll-free number (866) 783-2255 to initiate your claim.
- Your employer can initiate the claim electronically via the web site.
- Fax or mail a completed claim form to us.

### What will be my weekly benefit amount?

Your benefit amount is a percentage of your weekly salary or a flat benefit amount as stated in your certificate of insurance.

### Where will my benefit checks be mailed and how often?

Our standard procedure is to issue short-term disability checks every other week. You have the option of mail or direct deposit into a checking or savings account.

### What is needed to extend a claim?

If you are unable to return to work on your expected return-to-work date, it is important for you to provide medical documentation of complications that have caused your disability to be extended beyond the normal recovery period.

Medical documentation includes, but is not limited to, office and treatment notes, physical examination notes, progress notes, all types of testing and/or laboratory results, all types of therapy notes, consultations, operative reports, etc. This information may be obtained from your physician and should be provided at your own expense. A note from your physician without any supporting documentation may not be sufficient to consider benefits.

### What if I move while I'm out on disability?

Please call us at (800) 423-2765, option 1 to report the change of address. You may also email us your address change at [claims@LFG.com](mailto:claims@LFG.com)

### **I'm close to reaching my maximum benefit and I have long-term disability. What will happen to my short-term disability?**

If the maximum benefit is paid out and you are still unable to return to work, we link the short-term and long-term disability plans together, provided your employer carries long-term protection and you are eligible for the coverage. Your claims examiner will request additional information from you, the employer and your doctor if needed.

Lincoln Financial tries to make this process as seamless as possible for you and the employer.

### **Can I return to work part time and receive disability benefits?**

Yes, if partial disability is included in the contract and the part-time work qualifies for benefits per policy provisions.

### **My claim is due to a work-related injury. Can I still file for benefits?**

When you have a work-related injury, you must first file for benefits under Workers' Compensation. Normally, we do not pay benefits when you receive Workers' Compensation.

### **My employment was terminated while I was out on short-term disability. Will my benefits stop when my employment ends?**

If your employment is terminated while out on short-term disability, your benefits will continue as long as we have medical documentation to support ongoing disability or until you reach your maximum benefit duration.

## LONG-TERM DISABILITY QUESTIONS

### **What is long-term disability?**

Long-term disability is coverage you would use if you become disabled and are unable to perform your job duties due to a medical condition. Long-term disability, with supporting documentation, will replace a percentage of your monthly wage while you are unable to work.

### **How can I file a claim?**

We require a long-term disability claim form to be completed. The claim form has three sections. The sections need to be completed by the employer, employee and doctor. All three sections must be received in order to make a claim determination.

An insured going from short-term disability with us to long-term disability with us does not need to complete a new claim form. We link your short-term disability and long-term disability in an efficient and effective manner, allowing for a smooth transition from the short-term to long-term coverage. You will be notified of this Links Process when you are close to exhausting your short-term disability benefits.

### **How will payments be issued to me?**

Our standard procedure is to issue long-term disability checks monthly. You have the option of mail or direct deposit into a checking or savings account.

### **Will you require additional information from my doctor(s)?**

Information may be requested periodically. If updates are required you will be notified by written correspondence.

### **Can I return to work part time and receive disability benefits?**

Yes. You are encouraged to return to work part time when full-time work is not possible due to your disability. When you are able to return to work full time, disability benefits will end. Partial Disability means as a result of sickness or injury, the insured employee is:

- Able to perform one or more, but not all of the main duties of his/her occupation or any occupation of a full- or part-time basis; or
- Able to perform all of the main duties of his/her own occupation or any other occupation, but only on a part-time basis.

### **What happens if my employment is terminated while I am on long-term disability?**

If your employment terminates, your long-term disability will continue to pay benefits as long as you remain totally disabled or until the maximum benefit duration is met.

### **What options do I have if I can't return to my occupation?**

We provide assistance to anyone who wishes to return to work but would not be able to return to his or her prior occupation. This is referred to as a Rehabilitation Benefit. Please contact your claim representative for more information.

### **What happens if I can't return to work at all?**

We provide encourage a smooth and positive transition to Social Security Disability (SSDI) benefits for those employees who are unable to return to work.

Our Social Security team works with our SSDI advocacy vendors, who obtains the claimant's authorization and then files for SSDI on their behalf. Our Social Security legal experts can assist at any point in the process, including cases when the first application is denied, which happens about 67% of the time. And, our services come at no additional cost to the employee.

## **LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) QUESTIONS**

### **What is Accidental Death or AD&D?**

Accidental Death and Dismemberment (AD&D) is a benefit tied to your life insurance plan. Accidental Death and Dismemberment could pay you or your beneficiary additional benefits if you lose your life in an accident or if you become dismembered due to an accident.

Please refer to your certificate of insurance for specific amounts and details regarding the AD&D provisions.

### **What is a beneficiary?**

The beneficiary is the person or persons you wish to leave your life insurance benefits upon your death. Please be sure to update your beneficiary whenever circumstances change due to marriage, divorce or death of the person named, etc.

### **How do I change my beneficiary?**

To change your beneficiary, please log in to [www.LincolnFinancial.com](http://www.LincolnFinancial.com) and go to "My Forms", where you can select the "Beneficiary Designation" form. Please complete the form and fax or mail to us. The fax number and mailing information are on the form. You may also obtain this form from your employer.

### **How do I complete the beneficiary designation form when I have more than one beneficiary?**

When listing more than one beneficiary, please list complete information for each person, including the percentage of benefits each person should receive. The percentages should add to 100%. For example, your spouse will receive 50% of the benefit and your two children should each receive 25% of the benefit (50+25+25=100).

### **What happens if I have a minor child as my beneficiary?**

According to state law, a minor lacks capacity to sign a binding release of an insurance contract. Only the lawfully appointed representative of a minor may give release for the payment to a minor. Life insurance, therefore, cannot be paid to anyone who has not reached the age of majority. If guardianship documents are not secured, the proceeds will be held in trust until the beneficiary reaches the age of majority, unless state statutes (e.g. the Uniform Gifts/Transfer to Minors Act) in the appropriate jurisdiction allow for other payment provisions to be used.

### **What if I do not designate a beneficiary?**

Payment may be made to certain relatives or your estate. Please see the certificate of insurance for more information.

### **How does the beneficiary receive the life benefit?**

The beneficiary will need to sign and complete the beneficiary portion of the life claim form. The employer section of the life claim form and a certified copy of the death certificate are also required.

**What happens to my life insurance policy if I terminate employment?** Life insurance terminates when your employment ends. You may have the option of continuing the life coverage. Please refer to your certificate of insurance for continuation options.

### **What happens if I become disabled? Would I be able to continue my life insurance coverage?**

If you are under the age of 60\* and become totally disabled from all occupations for a period of six months\*, you may qualify for extension of death benefits or life waiver of premium. This means your coverage will continue as if you were still employed but no premium will be collected from you or your employer.

If you happen to be over the age of 60\* when you become disabled, you would not qualify for life waiver of premium. You can convert to an individual whole life policy or check with your Human Resource Department for options your certificate of coverage may contain.

### **What happens if I am on life waiver of premium and I am able to return to work?**

When you return to work you are no longer eligible for life waiver of premium. Premium payments will resume upon your return to work.

### **How do I apply for extension of death benefits (waiver of premium)?**

For life waiver of premium, there is a specific form which must be completed to make application for these benefits. This form is the extension of death benefits form located in "My Forms", which you can find after you log in to [www.LincolnFinancial.com](http://www.LincolnFinancial.com). The employee must be totally disabled as defined by the policy from any occupation for at least six months\* and be under the age of 60\* at the time of disability.

\*See your certificate of coverage for plan details as age and elimination period may vary.

### **What is the accelerated death benefit?**

The accelerated death benefit is also called the living benefit. This benefit allows advance payment of part (based on policy language) of the insured person's life insurance. It may be paid to a terminally ill insured person in a lump sum once in her/his lifetime.

To qualify in most states, the insured person must:

- Satisfy the actively at work requirement under the policy.
- Be insured under the policy for at least twelve months (some states may vary – check the policy to verify timeline).
- Have a minimum amount of life insurance under the policy on the date the living benefit is paid (\$20,000 is standard – check the specific policy to verify the amount).
- Be insured under the policy on the date the living benefit is to be paid.

(Certain state requirements may vary. See your specific policy for details.)

### **What does it mean if a claim's status is showing incomplete?**

If a claim's status is Incomplete, in general, that means Lincoln Financial needs proof of claim.

For life claims, this consists of a completed claim form and a Certified Death Certificate. For Life Waiver, Living Benefit and AD&D claims, this consists of a completed claim form and Attending Physician's Statement (APS).

If you have questions, please contact us at (800) 423-2765, option 1 for assistance.

## DENTAL QUESTIONS

### **How do I know if my plan is a PPO plan?**

Please refer to your certificate of insurance to determine if your plan is a PPO, or please call us at 1-800-423-2765, option one and a customer service representative will assist you.

### **How do I find a participating dentist?**

Please use the "Find a dentist" on [www.lfg.com](http://www.lfg.com) to search for a participating dentist in your ZIP code area or please call us at (800)-423-2765, option 1 and a customer service representative will assist you.

### **What is the difference between network providers (PPO) and non-participating providers?**

Using a network provider is a cost savings to you as the provider is under contract. If the fee they charge exceeds the contracted amount, the dentist will write this amount off your bill.

Non-participating dental offices will bill a fee that is subject to usual and customary charges for the geographical area. If the fee exceeds usual and customary charges, you are responsible for the amount over the usual and customary amount.

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

We accept the standard American Dental Association (ADA) forms that most dental offices use. You can also use our claim form, which can be found under "My Forms" after you log in to [www.LincolnFinancial.com](http://www.LincolnFinancial.com).

### **How will my dental office be able to verify eligibility and benefits?**

Your dental office can call our Claim Services at (800) 423-2765, option 1 to receive a faxed detailed copy of your dental benefits.

### **If my employment ends, will I have a coverage continuation option?**

Yes. You may elect COBRA coverage. You need to complete the dental COBRA election form within 60 days of the date of termination or qualifying event. The form must be completed, signed, dated and submitted to your employer. The form can be located under "My Forms" after you log in to [www.LincolnFinancial.com](http://www.LincolnFinancial.com). You can also obtain a form from your employer, or call Claim Services at (800) 423-2765, option 1.

### **What is the turnaround time for dental claims?**

Claims are reviewed within 7-10 business days from the date the claim has been received.

### **Can anyone call for information on my claim?**

Due to privacy regulations, protected health information is only shared with the dental office, the insured or the claimant.

### **Will Lincoln Financial pay the lifetime max on orthodontia in a lump sum or over a period of time?**

Orthodontia claims are paid in installments based on dates of service.

### **When should a pre-determination of benefits be requested?**

If you or your dentist anticipates the cost of treatment for dental expenses to exceed \$300.00, a pre-determination is recommended. This will allow you and the dentist to find out before the work is done how the charges will be covered by the plan.

### **What does "Alternate Benefits applied" mean?**

When there are two or more methods of treating a dental condition, the amount of the covered expense will be based on the charge for the least costly procedure that Lincoln Financial Group determines to be appropriate and adequate. This determination is based on current professional dental standards.

### **At what age will my dependent child/children's' eligibility end?**

Your certificate of insurance will define the maximum age for which your child/children will be covered.

### **How do I remove a dependent from my policy?**

Please contact your employer.

## **What is required to appeal a denied claim?**

In most instances, a written appeal must be received within 180 days from the date of denial to reconsider a denied claim.

The appeal letter should include the reason the claim should be reconsidered and include:

- Employee's and patient's name
- Employee's Social Security Number
- Dentist's name
- Date(s) of service
- Supporting documentation, i.e., x-rays, narrative, charting, when appropriate

## **How can I determine what services are Type I, II or III?**

Please refer to your certificate of insurance for definitions and examples or call us at (800) 423-2765, option 1.

## **What is an indemnity plan?**

An indemnity plan allows you to see any provider of your choice.

## **Will my dental policy cover whitening of my teeth?**

No. Whitening of the teeth is considered cosmetic and will not be covered under your dental policy. Please see your certificate of insurance for more details.

## **What is a calendar year maximum?**

The calendar year maximum is the amount we will pay in the calendar year for covered dental services received per person.

## **Is the calendar year maximum for my whole family?**

No. Each family member has an individual calendar year maximum. For example, if your maximum is \$1,000 we will pay up to \$1,000 per calendar year for each covered member of your family.

## **What is an annual deductible?**

An annual deductible is a one-time per calendar year amount that applies to certain types of procedures. Please check your certificate of insurance for details.