

HOW TO MAKE A CLAIM FOR DISABILITY INSURANCE

You may be covered under one or more private or group disability insurance policies. Unfortunately, insurers are often reluctant to pay even valid disability claims. If you think your job is costing you your health, you should consider the following:

- 1. Get Your Policy.** Obtain copies of your policy from your agent, insurer, or employer. It will say if you have “own occupation” coverage and the benefits which are available. Own occupation means that you cannot do your job (e.g., a dentist, surgeon, nurse, etc.) even though you may be able to do some other job (e.g., dental consultant, independent medical examiner, chart evaluator, etc.) Other policies require that you be disabled from any gainful occupation.
- 2. Consult your Physician.** Consult your physician for a diagnosis. A part of the definition of disability is that you are under the regular care of a health provider appropriate to the condition. Generally speaking, disability benefits for a mental condition are limited to 24 months, whereas disability from an illness or disease is to age sixty five or longer. Your health provider will have to submit a form to the insurer certifying your diagnosis, and this form will have to be submitted on a periodic basis.
- 3. Make a Claim.** The insurer will have a form for you to fill out in order to make a claim. Once made, the insurer is entitled to delve deeply into your health and financial records to evaluate your claim. They may also require you to submit to an independent medical exam by a healthcare provider of the insurer’s choice.
- 4. Claim Accepted.** Even if your claim is accepted, benefits are usually not payable for the first ninety days of the disability period. You will be subject to periodic reporting regarding your health and financial situation. Depending on your policy and its riders, the period for which benefits will be paid can range from the duration of the disability, to two years, to age 65, or even for life. With changes in the health law field, some professionals with older policies can actually make more income being disabled than they can working. If the premiums on the policy were paid with after-tax dollars, the disability benefits paid are not taxable.
- 5. Claim Denied.** It is far more likely your claim will be denied. Some insurers have an initial appeal process which must then be followed. Once the claim is finally denied, there is usually a time limit which may vary from six months to three years within which you must take legal action in order to contest the denial.

We have extensive experience with claims which have been denied under private and group disability policies. We are available to assist you with any of the steps described above.

Please contact Steve C. Baldwin for further information.

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