

Our customers can file an STD claim through several different channels — mail, email, online (www.myuhcfp.com), or fax. Once materials make their way over to United Healthcare's office, they are electronically scanned and indexed to the appropriate claim file. At this point a claims representative is assigned and they work to make a determination on the claim, and they will use the process outlined below.

For assistance regarding Short Term Disability (STD) claims, please call (888) 299-2070.

How do I submit an STD claim?

Complete the STD Claim Form, which includes separate portions for the employer, employee and the physician. To avoid delay in the processing of a claim, be sure to completely answer all questions on the Claim Form and include a signed authorization.

1. Complete the Employer's portion of the Claim Form.
2. Ask the employee to complete the Employee portion of the Claim Form, including having the physician's portion of the form completed. Advise the employee to submit as much information as possible.
3. Submit all pages of the claim form (original copy is not required).

When will a decision be made regarding disability benefits?

The Claims department will make an initial decision within six business days upon receipt of the completed Claim Form. This initial decision will either:

- ☐ Approve benefits and issue a check to the claimant
- ☐ Pend the claim for additional information
- ☐ Deny benefits if the claim is not eligible for payment

Additional information may be needed from the attending physician, employer, or claimant and could impact the analysis necessary to make the initial decision. Upon receipt of the additional requirements, the Claims Department will review the new information within five business days.

To be eligible for benefits, a person must be found to be disabled according to your group's policy. The definition of disability may be reviewed in your Certificate of Coverage. Each claim must be reviewed, and benefits are not guaranteed even if the doctor indicates a disability on the Claim Form. Benefits are paid based upon evidence submitted that supports a disability status and not solely based upon a physician's opinion. The supporting medical documentation, such as office and treatment records (i.e., test results, X-rays), must support the policy definition of a disability. Office and treatment records created by a physician following each visit are considered to be objective documentation.

How are state disability plans taken into account?

Most employers in the states of California, Hawaii, New Jersey, New York, Puerto Rico and Rhode Island are required to provide state-mandated disability income insurance (the state TDI plan) for both full-time and part-time employees. The amount received through the state TDI plan would be deducted from the claimant's benefit.

How are work-related disabilities handled?

The standard policy excludes any work-related conditions. A claim filed for any work-related condition would be denied. If United Healthcare is asked to reconsider the claim, the employee will be asked to

provide a copy of the Worker's Compensation denial to prove they are not already receiving payments for the condition.

Are maternity claims eligible for STD benefits?

Our standard policy treats maternity the same as any other illness. We consider the usual recovery from either a vaginal delivery or a Caesarean section to be six weeks, but individual claim situations are taken into account.

Benefit Payment

Fully insured clients' checks are sent directly to the employee.

Are employees on Salary Continuance eligible for STD benefits?

Salary continuance is considered to be any money paid by the employer to the employee excluding vacation time or any money earned by the employee. Since salary continuance is a standard exclusion* under the standard Short-Term Disability policy, any monies deemed as salary continuance provided to an employee may make them ineligible for benefits or reduce their benefit. The employee may receive salary continuance during the elimination period.

Note: Elimination period is the length of time the insured person must be continuously disabled before a benefit is payable.

**Salary Continuance is a standard exclusion, refer to your Certificate of Coverage to determine which exclusions apply to your policy.*

How can denial of claims be appealed?

The claimant has 180 days to appeal a denial. The appeal must be in writing and must provide specific information outlining why the employee disagreed with our original decision. Please attach supporting documentation. Send a written appeal to: UnitedHealthcare Disability, P.O. Box 7466, Portland, ME 04112-7466. The company has 45 days to respond to the appeal; however, STD appeals are generally resolved in a much shorter time frame.