



Allied Federation

Brotherhood of Maintenance of Way Employees Division Long Term Disability Insurance

YOUR BENEFIT

If a covered illness or injury keeps you out of work for more than 90 days, this coverage offers you a flat benefit while you recover, provided the claim is eligible based upon the terms in the contract. The pre-existing provision could apply.

- **\$400 per month** for the first 9 months of disability
- **\$3,500 per month** for the remaining 12 months of disability

Elimination Period: 90 Days

Benefits begin to accrue the day after your elimination period is completed. You must be continuously disabled through your elimination period. Unum will treat your disability as continuous if your disability stops for 30 days or less during the elimination period. The days that you are not disabled will not count toward your elimination period.

Maximum Period of Benefit Payment: 21 months

No premium payments are required for your coverage while you are receiving payments under this plan.

HOW DOES UNUM DEFINE DISABILITY?

You are disabled when Unum determines that due to your sickness or injury:

- You are unable to perform the material and substantial duties of your regular occupation; and
- You are not working in any occupation

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

How do I know if my condition is pre-existing?

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 12 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage

If you have a disability caused by, contributed to by, or resulting from a pre-existing condition, and the date of disability is 5/1/20 or after, the maximum period of payment will be three months.

HOW DO I FILE A CLAIM?

Return paper claim form to:

Kristi Belcher
RN, Office Manager
Allied Federation
111 Imperial Blvd., C300
Hendersonville, TN 37075
615-338-0027 ext. 11
Fax 615-338-0209

What information is required?

- Employee statement
- Attending physician statement
- Employer statement (to be completed by Allied Federation)
- All requested medical records
- Signed authorization form for release of ongoing medical authorization

How does Unum assess my claim?

Your claim will be assigned to a disability benefits specialist who is an experienced claims professional.

Your disability benefits specialist will:

- Communicate with you and keep you informed
- Review your eligibility under the insurance contract
- Provide information on how benefits are paid
- Conduct periodic reviews of your disability claim
- Assist with return-to-work planning (if applicable)

Professionals such as physicians, nurses, case managers and vocational rehabilitation consultants may assist the disability benefits specialist with claim reviews.

CLAIM TIME FRAME

Unum typically will make a benefit decision on your claim within these policy guidelines:

- **Day 1**
Starts when Unum receives all of your completed claim forms.
- **Day 5**
You will hear from your assigned disability benefits specialist regarding your claim status.
- **Day 6+ (up to 45)**
Claim review period (Medical records requested, contract reviewed, etc.)
- **Day 45**
A decision may be made on your claim.



DO NOT WAIT TO FILE YOUR CLAIM

We encourage you to notify us of your claim as soon as possible, so that a claim decision can be made in a timely manner. Written notice of a claim should be sent within **30-45 days** after the date your disability begins.



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The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Underwritten by Unum Life Insurance Company of America, Portland, ME.

Applicable to policy form C.FP-1 et.al.

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