

Journey to Recovery

A guide to the disability claim process

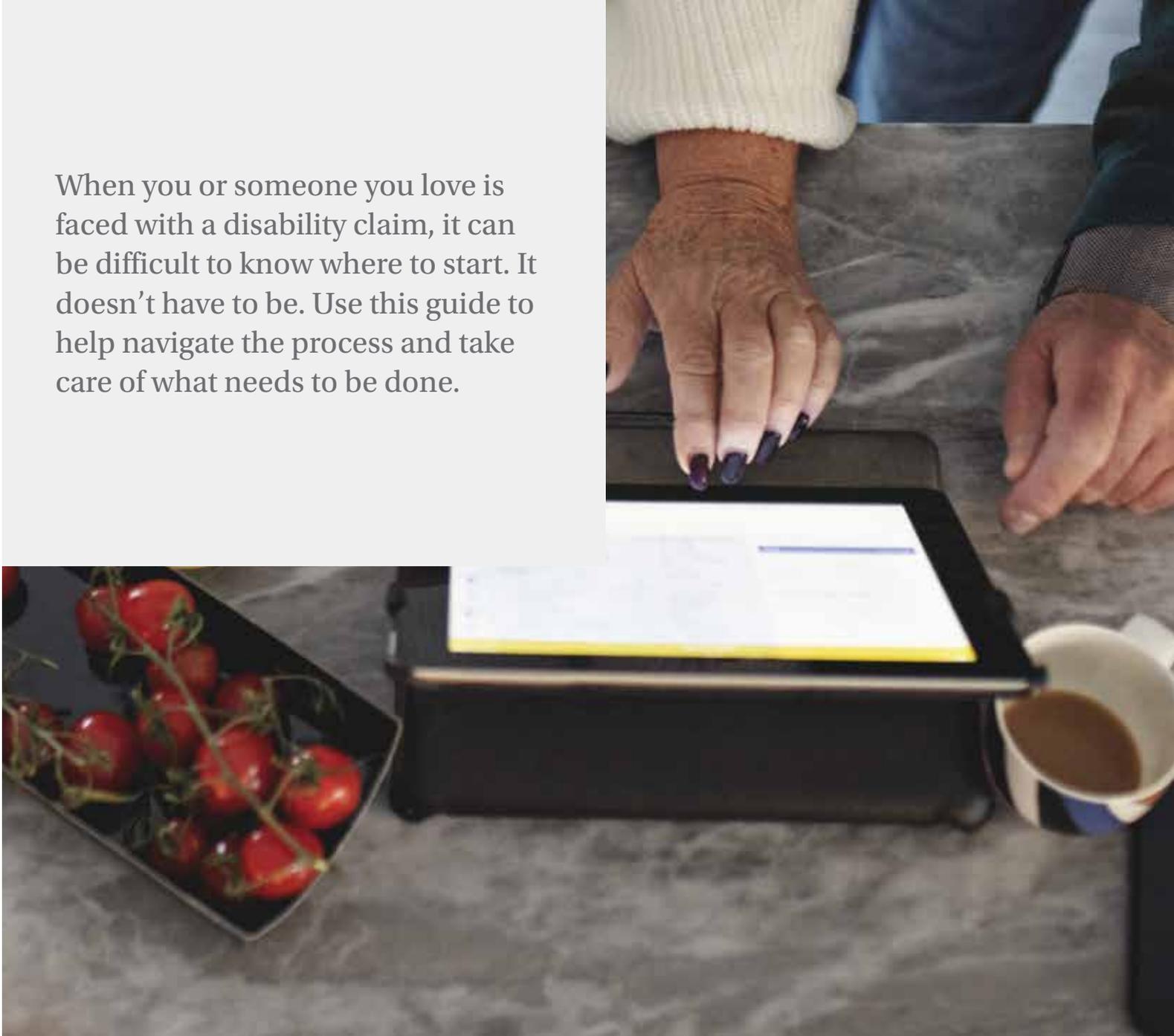


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When you or someone you love is faced with a disability claim, it can be difficult to know where to start. It doesn't have to be. Use this guide to help navigate the process and take care of what needs to be done.



Journey to Recovery: The Claim Process

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First things first

As soon as you know an illness or injury may lead to missed work and missed paychecks, it's time to start the disability claim process. With compassionate interactions and human connection, your claim team is here to help you understand your policy, learn about your individual situation, and do what needs to be done to process your claim. OneAmerica® is dedicated to being your financial first responder by showing up in the moments that matter.

Compassionate interactions and human connection

Every insurance policy is different, and every claim is different, too. The people on your claim team will take the time to help you break down the process so it's easy to understand. Then they'll help you pull all the pieces together and get your claim in motion.

What triggers a claim

Your disability claim is based entirely on your ability to work. It's not based on your diagnosis. That's why the key difference between a short-term and a long-term disability claim is the amount of time you're away from work.

Common causes for short-term disabilities include pregnancies, musculoskeletal disorders (affecting the back and spine, knees, hips, shoulders and other parts of the body), digestive disorders such as hernias and gastritis, mental health issues including depression and anxiety, and injuries such as fractures, sprains and strains of muscles and ligaments.

Conditions that typically cause people to file a long-term disability claim include musculoskeletal disorders such as arthritis and back pain, cancer, mental health problems such as anxiety or depression, heart disease or stroke, diabetes, and nervous system disorders such as multiple sclerosis or Parkinson's disease.

See page 14 for a discussion of short- and long-term disability. On page 22, you'll find a listing of common claim diagnosis categories.

Get your claim processed faster by ensuring all paperwork is turned in. Decisions on short- and long-term disability claims are typically reached more quickly when all claim information is submitted together, at the start of the claim. A member of your disability claim team will advise you if additional information is needed to reach a decision on your claim.

Getting started

Plans and policies can be different, but the basic steps for kicking off the claim process are similar.

1. Submit your claim

Online

You can conveniently and securely submit your claim online.

- Visit www.employeebenefits.aul.com and navigate to the Disability section of the Forms tab to find the Online Disability Claim Form.
- Complete and submit the form.

By phone

You can submit your claim by calling **1-855-517-6365** Monday through Friday from 8 a.m. to 6 p.m. Eastern Time. After you call, an intake specialist will:

- Interview you.
- Contact your employer if necessary.
- Contact your attending physician if necessary.
- Send you claim forms if you need them.

By mail or fax

You can submit your claim on paper.

- Download claim form on the OneAmerica website, **OneAmerica.com**.
- Scroll to Quick Access at the bottom of the page.
- Click on Employee Benefits Forms.
- Click the Disability tab.
- Download the Disability Claims Packet (G-28203).
- Complete form.
- Send completed form to the address at the bottom of next page.

A key piece of paperwork

Your APS is an essential component of your claim. We must receive it within 45 days of the initiation of your claim. Work with your medical provider(s) to ensure your APS is completed on time! Here's how you can help.

Take it along

Take copies of your APS with you to your medical appointments, and ask each physician to complete, sign and date it while you wait.

Pick it up

Ask your physician if you can pick up the document in person.

Let them know

Call your physician's office and ask for the status of your attending physician's statement. Let the staff know why your claim team needs this document on time.

Need more copies of your APS? Find them on your insurance carrier's website.

You also have the option to submit your claim by fax.

- Complete and fax your disability claim form to 1-844-287-9499

2. Be proactive

Your claim packet includes three essential elements: an employer statement, an employee/claimant statement and an attending physician's statement (APS). An APS includes information about your diagnosis and condition, such as:

- Restrictions and limitations
- Date of your first treatment
- Prognosis and treatment plan
- Hospitalizations and medications

Be sure to ask each physician who treats you for your disabling condition to complete an APS. Here's how the process works.

- A benefit assistant will fax an APS to your medical provider.
- Work with your physician to complete the APS.
- The benefit assistant follows up to make sure the APS is completed and delivered.
- You must submit your APS no later than 45 days from the date you receive your acknowledgment letter.

3. Gather information

You can help speed up the claim process by answering your claim team's questions and gathering information needed to process your claim.

What to gather

You provide this key information

About you

- Name
- Mailing address
- Phone number
- Date of birth
- Social Security number

About your job

- Employer's company name
- Your insurance company group number
- Your employer contact: Name, title and phone number
- Last day you were able to work
- Date you became unable to work
- Number of hours worked
- Occupation: *The industry definition of what's required for your position*
- Date of hire
- Weekly earnings or salary
- Other income
- Was your disability work-related?
- The condition that's preventing you from working

About your medical provider

- Name
- Address
- Phone number
- Fax number

Your employer provides:

- Confirmation of your name, address, phone number and Social Security number
- Last day of work, date of hire, effective date of coverage, earnings, number of hours you work each week
- Nature of your disability and if it was work-related
- Job description and duties
- Information about your pay and your last working day
- Status of your employment when you were disabled
- Possibility of job modification or accommodation
- Other income being received
- Work-related disability?

Get the details

You may also be asked to provide this information about your condition:

- Diagnosis/prognosis
- Restrictions/limitations
- Functionality
- Expected return-to-work date
- Motivation for returning to work
- Prior disability?
- Medications/prescriptions
- Job modification/accommodation
- Treating providers

Where to send your claim paperwork:

Fax to: **1-844-287-9499**.

Email to: **Disability.claims@oneamerica.com**.

Mail to: American United Life Insurance Company

P.O. Box 7003

Indianapolis, IN 46207

Questions? Call **1-855-517-6365**.

“Compassion means full immersion
in the condition of being human.”

— Henri J.M. Nouwen

You've got a team behind you

A disability claim isn't just a business transaction. It represents your life, livelihood and self-esteem. Whatever the reason for your claim, and whatever happens during the process, you've got an experienced team that is committed to making the process personal by providing a hassle-free experience balanced with human connection.

Trained to serve you

Your team of professionals in claims administration puts decades of experience to work for you, offering empathy, understanding and vocational rehabilitation services, when appropriate. They do everything they can to process your claim accurately and efficiently, and advocate for you and with you through this journey.

Everyone on your claim team has been prepared with hours of training on disability policies and the claims process — as well as training in empathy and compassion. Clinical care managers review all available medical information to provide a holistic understanding of your health and recovery needs. Vocational consultants, who help you navigate the return-to-work process, are required to hold masters-level degrees. All this knowledge and experience go into processing your claim with honesty, accuracy and efficiency.

Their hearts are in it

Your team treats customers like family, friends and neighbors — because they are. To deliver on promises when you need it most, they bring personalized, compassionate care to every claim and every call.

Your OneAmerica team has deep experience



Claim team with an average of 15+ years of experience in the disability insurance industry.



Clinical team with registered nurses who support disability case managers with a comprehensive review of medical information gathered during the claim process.



Vocational team with master's-level rehabilitation counselors who possess multiple professional certifications and work directly with you to develop a plan focused on helping you retain or secure employment.

People helping people

Here's a closer look at the claims professionals who'll help you on your journey by walking you through the process step-by-step, providing status updates along the way.

Intake specialist

Helping you get started

If you call to submit your disability claim, an intake specialist will let you know what to do. Your intake specialist will interview you and submit the information gathered to a benefit assistant.

Benefit assistant

Putting it all together

While your claim is being processed, a benefit assistant may get in touch with you, your employer and/or your attending physician. They will follow up to ensure all the pieces come together in a timely way. You can always give your benefit assistant or claim examiner a call to check on the status of your claim.

Claim examiner

Working one-on-one with you every step of the way

Once your claim is complete and assigned, you'll work with a claim examiner — one consistent point of contact — throughout the process. Your claim examiner will:

- Interview you to learn your perspective on your disability, explain policy provisions and clarify expectations.
- Ask about what happened, your treatment and medications, your daily activities and your return-to-work plans.
- May contact worker's compensation, motor vehicle carriers or the Department of Motor Vehicles, or other disability insurance providers.

Vocational consultant

Helping you get back to work

A vocational consultant will uncover your unique strengths and potential to help you get back to work as soon as possible. You'll work directly with a seasoned and empathetic professional who will support your return-to-work goals including but not limited to, returning to your own occupation, a different job or retraining. The goal is to help you get the tools and training you need to retain or secure employment.

Social Security advocate

Advocating for the benefits you deserve

Social Security is designed to protect you and your family. After five full months of disability, Social Security Disability Insurance provides income until your condition improves, and ongoing income if your condition doesn't improve. If you qualify, you're entitled to receive benefits based on payroll taxes you or your employer have already paid. At no cost to you, a representative from our trusted vendor will help you through the Social Security application and appeals process. You'll work hand in hand with people who know the Social Security system and have the proven ability to help you get the benefits you deserve.

Clinical care manager

Reviewing your health and recovery needs

A clinical care manager, who is licensed as a medical doctor or registered nurse, works with your claim examiner to review all available medical information and provide a holistic understanding of your health event and recovery.

Meet your claim team who will help you along the way. We'll keep you updated on the progress of your claim throughout the claim journey.



Intake specialist

Helping you get started

Conducts your initial telephonic interview



Vocational consultant

Helping you get back to work

Evaluates your experience and helps you develop a plan focused on retaining or securing employment



Benefit assistant

Putting it all together

Contacts you, your employer and/or your attending physician to ensure all pieces arrive on time



Social Security advocate

Advocating for the benefits you deserve

Guides you through the Social Security application and appeals process



Claim examiner

Working one-on-one with you to complete your claim

Conducts in-depth interviews, helps you understand your policy, reviews eligibility, and initiates return-to-work plans, when applicable



Clinical care manager

Reviewing your health and recovery needs

Reviews all available medical information to provide a holistic understanding of your health and recovery

With you until the journey's done

Complete

Your claim application is considered complete once the claim team has received all parts of your claim application including employee, employer and attending physician statements. Once your claim is complete, a decision to approve, pend or deny your claim will take place within three business days for short-term disability claims and 10 days for long-term disability claims. The following are details on each possibility.

Pending

A decision to pend your claim means we'll need more information from you, your employer or your treating providers in order to reach a decision. Once that decision has been made, your claim examiner will give you a call to explain it and talk about what comes next.

Approval

If your claim is approved, benefits may be a percentage of your weekly earnings or a flat rate benefit amount paid in accordance with your policy. Some claims may provide weekly or monthly payments. Others are paid in one lump sum. Depending on your eligibility, your benefits will be a percentage of your weekly earnings. Benefits begin once your elimination period is satisfied.

First disability check

The timing of your first disability check depends on your policy and your employer. Work closely with your claim team to ensure you cover all your plan's requirements, and you could speed up the process.

Denial

If your claim is denied, your claim examiner will explain your decision and outline your right to appeal. Since each insurance policy is unique, your claim may be denied for reasons specific to your policy and what it provides. Reasons for denial include not filing claim paperwork correctly and on time (see checklist on page 6), not providing sufficient medical evidence per the policy or not following recommended treatments.

If your claim is denied, you'll receive a communication explaining the decision. If you have any questions about the decision or how to appeal, please contact us directly.

Equipped for success

The more you know, the better equipped you'll be to make good decisions about your personal and financial future. So arm yourself with knowledge and tap into resources that can help you and your loved ones on your disability claim journey.

Your job, your occupation

When it comes to disability insurance, the way your policy defines “job” — or, more specifically, “occupation” — can determine the level of benefits you receive and when you'll need to return to work. A “job” is defined as the specific job, or role, you've been hired to perform by your employer. Whereas an “occupation” is the activity that serves as your regular source of livelihood, or your vocation.

Most disability policies provide benefits based on whether your disability keeps you from performing the requirements of your “own” occupation or “any” occupation for which you may be qualified.

Own occupation

“Own occupation” policies define disability as the inability to complete the requirements of your specific and current occupation. To receive benefits, you would have to prove that you couldn't work in your current occupation. For example, a professional guitar player with damaged hands couldn't continue to play guitar. “Own occupation” is determined by a vocational rehabilitation consultant who utilizes systems such as, but not limited to, the Dictionary of Occupational Titles and the O*Net.

Any occupation

“Any occupation” policies define disability as the inability to work in any occupation for which you're reasonably trained and qualified.

Total and partial disability

The definition of “total disability” and “partial disability” changes in most group long-term disability contracts. This means that for a period of time, typically 24 months, a person is considered disabled if they are unable to do their “own occupation.” After that period of time elapses, an individual is considered totally or partially disabled if they are unable to do any “gainful occupation” that they were qualified to perform given their training, education and experience.

Check in

Speaking with your medical team about return to work on a routine basis will be helpful throughout the disability claim process. Your medical team will be able to provide you with specific restrictions and limitations that you can and cannot perform. Your disability claim team can then use those restrictions and limitations to help you find potential accommodations or new occupations that you can perform within your functional capacity.

Returning to Productivity and Maintaining Benefits

Your claim team can provide you with resources, tools and support to help you return to work — and a healthy, productive life.

If you qualify for rehabilitation assistance, your vocational consultant can help you prepare — whether you're planning to return to your previous occupation or a new one.

Your vocational consultant will consider your education, training and work experience, and evaluate the labor force and market trends in your area. The goal is to help you get the support, including tools and training you need to return to your job or find a new occupation that's right for you. Training and assessments could include aptitude tests, job searches or resume building.

What could happen at this point in your journey? It depends on your unique situation. You might return to your former occupation, transition to a new role with your same employer, begin work with a different employer, or train for a new job. Your insurance could potentially help cover costs for any of these next steps. Throughout the process, there are a few things you can count on.

Preparing for your return

Keep in mind that, for legal reasons, your manager may not be able to reach out to you during your leave. However, it is acceptable for you to voluntarily initiate communication with your colleagues and boss. Some people find that employees who choose to keep these lines of communication open ease back into their roles more smoothly.

Getting reacclimated to work

If you're returning to your former job, you may need modifications to your work environment, which your policy may help fund. Your vocational consultant can give you the tools to help start a conversation with your employer.

Feeling good again

Returning to work — even if it's not to the same job you held before your disability — is about more than receiving a paycheck. It can help you build self-confidence and give you a sense of pride and belonging. Research shows that working can also positively impact your physical and mental health.

Focus

It's about capability, not disability. The return-to-work process is the time to stop thinking about what you can't do and start thinking about what you can do. We help you make that transition.

Inspiration

Start fresh. If your disability means you're no longer able to do what you did immediately prior to your disability, you may have the opportunity to consider a new career path. We can help you envision your future with informal interest testing, and we'll encourage you to take a fresh look at your skills and strengths.

Support

If you're focused on a new occupation that will require new skills, we can help you get up to speed, even if computer skills, internet work searches and other technology seems new to you. We could also encourage you to work with local colleges and state vocational rehabilitation services and may even tap into Pell Grant funds to assist in retraining. Job placement services help sharpen your interview techniques and discuss your strengths with confidence.

Short- and long-term disability

What’s the main difference between long- and short-term disability insurance? The amount of time you’re away from work. Both types of policies provide income protection for you and your loved ones.

Protection when you need it

Your insurance policy was designed to replace income lost due to a disease or medical condition. Most group policies through employers include either short- or long-term disability coverage or both. This combination helps ensure you’re protected. With OneAmerica, most short-term disability policy durations match the length of the long-term disability elimination period to dovetail from one benefit to the other. Contracts vary, but ideally, the combination of short- and long-term disability insurance helps ensure a streamlined transition without any lapse in coverage.

For example, you might plan to use your short-term disability coverage for planned carpal tunnel surgery and a 12-week leave. A complication during surgery might require a longer recovery period and a transition to long-term disability coverage. Keep in mind that you must apply for your long-term disability benefits. Short-term disability benefits don’t automatically roll over to long-term disability benefits. Whatever the cause for a disability, a conversation with your claim examiner can help ensure you’re adequately covered under your policy.

How FMLA fits in

The Family Medical and Leave Act entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave in a 12-month period for certain family and medical reasons. Sometimes, employees can take FMLA leave intermittently. Ask your employer how FMLA leave works at your company in relation to your disability benefits. Learn more about FMLA at the Department of Labor website, www.dol.gov.

Short- and long-term disability comparison

Here’s a simple comparison of short-term and long-term disability. Check your policy or ask your claim team for more detailed information about your coverage.

Coverage comparison chart

	Short-term (STD)	Long-term (LTD)
Benefit period	90–180 days	Up to age 65 <i>(May vary based on age at time of claim.)</i>
Provided wages	60–100% of pre-disability income	60–80% of pre-disability income
Elimination period		90–180 days
Proof of disability	Requires medical evidence	Must apply for benefits and document medical information throughout the life of the claim.
Coverage start	1–14 days after you’re unable to work	90–180 days after you’re unable to work
Keep in mind	Work-related conditions are typically an exclusion	“Own” vs. “Any” occupation definitions may affect coverage and work-related conditions typically offset benefits
Examples	Childbirth, back problems, hernias, anxiety, injuries	Musculoskeletal disorders, mental health problems, cancer, heart disease

For more information, see “What triggers a claim” on page 4.

Social Security Disability Insurance

Your company's insurance policy isn't the only resource that can help you recover income when you or someone you love is faced with a disability. The U.S. Social Security Administration offers insurance and benefits, too.

Social Security Disability Insurance (SSDI) is a federal disability insurance program designed for people who have worked enough to earn benefits. If you qualify, you'll receive monthly cash payments and Medicare based on your earning record on file with the Social Security Administration.

Most SSDI claims are processed through local Social Security Administration field offices and state agencies known as Disability Determination Services (DDS), but you don't need to do all the work! Your claim team includes a Social Security advocate who screens your case and provides support, follow-up and tracking if and when you need it. Ask anyone on your claim team for more information.

"Your ability to work is your greatest asset. Do what you can to protect it."

— Barry Lundquist, Council for Disability Awareness

Why SSDI?

Applying for and receiving Social Security Disability Insurance can give you several financial advantages.

Cost of living adjustments

Through the Social Security administration, you'll receive yearly cost-of-living adjustments that could add up to more financial support from Social Security each month.

Increased Social Security retirement benefits

Your Social Security retirement income is based on your earnings over time. If you qualify for SSDI and receive benefits, you could also receive a higher Social Security retirement benefit. That's because, if you're disabled, the benefits you receive through SSDI won't count as earned income.

Health insurance through Medicare

After you receive 24 months of Social Security disability benefits, you may become entitled to receive Medicare benefits, regardless of your age. Medicare covers both hospital and medical insurance.

Tax advantages

Most people who receive Social Security disability benefits earn them tax-free. If you're paying taxes on your long-term-disability benefits, you might see tax savings by choosing SSDI.

Trial work period

In most cases, people who receive Social Security disability benefits are also entitled to a trial work period. This would allow you to work for up to nine months while receiving your full Social Security disability benefit.

The tax factor

At many companies, short- and long-term disability policies are voluntary. That means your company may not automatically provide these policies as a benefit. You have to elect the coverage when you enroll in benefits and pay your own premiums.

Income replacement benefits paid under a group policy, which is the type of disability insurance policy many employers offer, are taxable depending on how premiums were paid.

However, if you received disability payments from an employer plan paid with after-tax dollars, your benefits wouldn't be taxable. (You must have elected to have the coverage paid by your employer with after-tax dollars before the beginning of the plan year.)

Benefits paid under an individual policy often are not taxable, since policy premiums are usually paid with after-tax dollars. Every plan and policy is different, so be sure to review your contract. Take time to ask your claim team what type of policy you have, and get a good understanding of how your benefits will be paid and when taxes will be withdrawn.

Other factors to consider:

Workers' compensation

Income from a workers' compensation fund is not taxable if it's for an on-the-job illness or injury.

Filing taxes

You have to include income from long- or short-term disability benefits paid for using pre-tax dollars for the plan year when you became disabled.

Social Security disability income

This is not taxable if your provisional income isn't more than the base amount.

Helping hand

Check with your employer to see if you have access to no- or low-cost counseling services through an employee assistance program (EAP). An EAP can also offer guidance on things like finances, will preparation, legal issues, child and elder care and even college planning.

Managing benefits, deferring debt

If your claim is approved and you or your loved one begins receiving disability payments, take time to do your homework to manage your benefits while you or your loved one is out on disability. There are several factors to consider.

Waiver of life insurance premium

Check with your employer and life insurance provider to see if your life insurance policy includes a waiver of premium rider. This is a clause in your policy that waives premium payments in the event you're disabled. Other stipulations, such as age requirements, may apply.

Other benefits

Ask your employer what will happen with your other employer-provided benefits while you're out on disability, including medical insurance, leave, 401(k) payments and pension plans. Make sure you know how your employer will handle each benefit while you're out.

Credit card payments

Your disability won't stop credit-card companies from sending you bills, but many card companies offer benefits that may help minimize the pain of credit-card debt.

Start by making a clear list of every credit card you own and what you owe for each. Consider using a computer spreadsheet or a simple list on paper to keep organized. Then call the issuer of each card and ask for the person who handles "hardship repayment programs." Such plans may slash your monthly minimum payments and provide a lower interest rate. Some credit cards may even offer you a period of deferred payments.

Car loans and mortgages (secured debt)

Contact your lenders immediately to let them know you're out on disability. Ask if there are any special options that may apply while you're out on disability, such as refinancing, alternative payment arrangements or paying only interest due. Most lenders don't offer financial assistance for secured debt such as mortgages and auto loans.

Debt management

If you're having trouble keeping up with your bills, don't panic. Seek help. Contact Credit Counseling Centers of America (**1-800-493-2222** or **www.cccamerica.org**), a nonprofit organization that provides consumer and creditor services for families in distress. The Federal Trade Commission (FTC) also offers tips in its publication *Coping with Debt*, which is available online (just Google "*Consumer FTC Coping with Debt.*") Beware of debt settlement and debt elimination scams, including advance free loans and credit repair clinics.

Medications

If your medical policy doesn't cover the cost of medications, you may find help through a patient assistance program or similar program. Consider these options recommended by the Patient Advocate Foundation:

- NeedyMeds (**www.needymeds.inc**) is a national nonprofit information resource that helps people locate assistance programs to help them afford their medications and other health care costs.
- The Pharmaceutical Research and Manufacturers of America (**www.phrma.org**) offers a directory of prescription drug programs for people who are unable to afford them.
- Managed RX accepts most major medical insurance as full payment for medications. Call **1-800-799-8765** for an application.

Additional resources

Alzheimer's Association

A voluntary health organization specializing in Alzheimer's care, support and research.

www.alz.org

1-800-272-3900

American Cancer Society

Offers resources for patients and their families, potentially including financial assistance. Contact your local chapter.

www.cancer.org

1-800-227-2345

Council for Disability Awareness

A national nonprofit organization dedicated to helping working adults understand disability insurance.

www.disabilitycanhappen.org

1-207-774-2634

Hill-Burton Program

A U.S. government program that can arrange for hospitals and medical facilities to provide free or low-cost care.

www.hrsa.gov (Type "Hill-Burton" in search box.)

1-800-638-0742

Life Happens

A nonprofit organization helping Americans take responsibility for life, disability and long-term-care insurance.

www.lifehappens.org

1-888-543-3777

Medicare

Federal health insurance program for those who receive Social Security benefits.

www.medicare.gov

1-800-633-4227

Patient Advocate Foundation

A national nonprofit organization that serves as a liaison between patients, insurers, employers and creditors to resolve insurance, job retention or debt crisis matters.

www.patientadvocate.org

1-800-532-5274

Salvation Army

A Christian organization with a mission to help meet human needs in local communities.

www.salvationarmyusa.org/usn/contact

1-800-378-7272

Social Security Administration

An independent agency of the U.S. federal government that administers Social Security, a social insurance program consisting of retirement, disability and survivors' benefits.

www.ssa.gov

1-800-772-1213

U.S. Department of Health and Human Services

A department of the U.S. government that provides assistance with Medicare, Medicaid, entitlement, benefits, insurance and resources.

www.hhs.gov

1-977-696-6775

Utility Assistance (LIHEAP)

Assists eligible low-income households in meeting the heating or cooling portion of their residential energy needs.

<https://liheappm.acf.hhs.gov/navigator>

1-202-783-5594

Veterans Administration

Provides medical, surgical and rehabilitative care to qualified veterans and their dependents.

www.va.gov

1-877-222-VETS

A sampling of helpful terms

Appeal

If your disability claim is denied by your insurance company or the Social Security Administration, you may appeal, or contest, the decision.

Benefit

The maximum amount or percentage of costs your policy will pay on a weekly or monthly basis. (This is also known as your “weekly benefit” or “monthly benefit.” Disability policies usually pay from 40 to 65 percent of your pre-disability earnings at the time you purchased insurance, for a specific period of time.

Benefit duration

The specified period of time during which a benefit is paid. Depending on your policy, this period may run from one to five years, until age 65, or, in some cases, for life.

COBRA

The Consolidated Omnibus Budget Reconciliation Act, or COBRA, is a federal law that allows you, if you work for an insured employer group of 20 or more employees, to continue to purchase health insurance for up to 18 months if you lose your job or your employer-sponsored insurance is terminated.

Denial

The refusal of an insurance company or carrier to honor a claim for services or coverage. See appeal.

Disability

Your policy will help clarify what’s defined as a disability for you. For example, some policies cover disabilities if you’re unable to perform the duties of your own occupation. Others may pay only if you can’t work at any occupation for which you’re reasonably qualified. Still others only cover disabilities arising from an accident. You or your employer may be asked for information to determine your abilities, restrictions and limitations. See occupation.

Disability insurance

Disability insurance can help you replace some or all of your income if you get injured or sick and are unable to work for a period of time. It can help you pay your bills at a time you really need it.

Elimination period

The period of time before benefits kick in. The elimination period begins with a disability, and is the period of time for which no benefit is payable. These days have to be “eliminated” before a benefit can be paid. A typical elimination period may be 30 days, 90 days or six months after a disability occurs. You’ll find this information in the “Schedule of Benefits” section of your policy.

FMLA

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take up to 12 weeks of unpaid, job-protected leave per year for certain conditions.

Job

The specific job, or role, you’ve been hired to perform by your employer. This is not the same thing as your occupation. See occupation.

Long-term disability

In the context of insurance, a long-term disability is defined by your policy. Whether a disability is short- or long-term is defined by the maximum benefit duration in your policy. You have a long-term disability if you are unable to do the work you did before a medical condition rendered you disabled for a long period of time. See benefit and disability.

Long-term disability insurance

A type of insurance that pays a percentage of your salary if you are not able to work for a long period of time due to sickness or injury. The period of time is defined by your policy and your employer.

Medicaid

A health care program funded by federal and state governments that assists low-income people in paying for medical care.

Medicare

A federal health insurance program for people 65 and older, certain younger people with disabilities and people with end-stage renal disease.

Occupation

Your disability may prevent you from completing the requirements of your “own” occupation or “any” occupation you may be qualified for.

- **Own occupation:** Your occupation is the activity that serves as your regular source of livelihood, or your vocation. It doesn’t refer to the specific job or tasks you were hired to perform by your employer. “Own occupation” policies define disability as the inability to complete the requirements of your specific and current occupation. To receive benefits, you have to prove that you can’t work in your current occupation. (Example: Welder)
- **Any occupation:** Any occupation you’re reasonably suited for based on your education, experience and other factors. “Any occupation” policies define disability as the inability to work in any occupation for which you’re reasonably trained and qualified. (Example: A former welder could teach welding)
- **Gainful occupation:** An occupation that can be expected to provide you, within 6–24 months of your return to work, with an income that is at least 60% of your indexed pre-disability earnings or an amount that exceeds your gross monthly benefit.

Portability

Portability refers to whether or not you can take coverage with you. If you own an individual disability policy or purchase disability coverage through your employer on a voluntary basis, it’s portable. That means you own it, and it follows you even if you change jobs. Traditional employer-sponsored group coverage is rarely portable.

Rehabilitation

A program or plan designed to help you get back to work as soon as you’re medically able. Services may begin while you’re still recuperating and include close consultation with your employer. You may plan to return to your old occupation or a new one.

Residual benefits

Depending on your policy and availability in your state, you may have residual benefits. If you’re unable to perform some aspects of your job, residual benefits allow partial disability payments based on your loss of income.

Return to work

A situation that allows you to continue to receive a partial disability benefit after you return to work as long as your income does not exceed 100 percent of your pre-disability earnings.

Settlement

The payment of proceeds by an insurance company to the insured to settle an insurance claim within the guidelines stipulated in the insurance policy. A payment on an insurance claim to a policyholder is called an insurance settlement.

Social Security disability insurance

A type of insurance that pays benefits to you and certain members of your family if you are deemed totally disabled from any occupation for 12 months or more, and you are “insured,” meaning that you worked long enough and paid Social Security taxes.

Short-term disability

In the context of insurance, a short-term disability is defined by your policy. Whether a disability is short- or long-term is defined by the maximum benefit duration in your policy. You have a short-term disability if you’re unable to do the work you did before a medical condition rendered you disabled for a short period of time. See benefit, disability.

Short-term disability insurance

A type of insurance that pays a percentage of your salary if you’re not able to work for a short period of time due to sickness or injury. The period of time is defined by your policy and your employer.

Waiting period

A waiting period is the period of time you must be actively at work, starting with the date of hire, before you are eligible for coverage.

Workers’ compensation

A publicly sponsored system that pays monetary benefits to workers who become injured or disabled in the course of their employment. It’s a type of insurance that offers employees compensation for injuries or disabilities sustained as a result of their employment.

What's my diagnosis

Common terms and examples of disability claims diagnoses

Claim diagnosis category	Lay language description	Specific examples
Diseases of the musculoskeletal system and connective tissue	Muscle, back and joint disorders	Arthritis, herniated or degenerated disc, back pain, spine/joint disorders, cartilage sprain, tendonitis, fibromyitis, osteoporosis, rheumatism, scoliosis, sciatica
Disease of the nervous system and sense organs	Spine and nervous system-related disorders	Multiple sclerosis, epilepsy, paralysis, Alzheimer's, Parkinson's disease, amyotrophic lateral sclerosis (ALS), Bell's palsy, Guillain-Barre syndrome, eye disorders including diabetic retinopathy and macular degeneration, ear disorders including balance-related disorders like Meniere's disease
Diseases of the circulatory system	Cardiovascular and circulatory diseases	Hypertension, heart disease, heart attack, stroke, aneurysm, coronary artery disease, phlebitis
Cancer and neoplasms	Cancer and tumors	Breast cancer, prostate cancer, lymphoma, Hodgkin's disease, leukemia, tumors
Injuries and poisonings	Accidents, injuries and poisonings	Fractures, sprains and strains, dislocations, contusions, burns, poisoning, allergic reactions
Mental disorders	Mental illness and behavioral disorders	Depression, schizophrenia, drug/alcohol/substance abuse, bipolar disorder, anxiety, obsessive-compulsive disorder
Diseases of the respiratory system	Respiratory system disorders	Influenza, pneumonia, asthma, bronchitis, emphysema, pulmonary fibrosis, cystic fibrosis, chronic obstructive pulmonary disorder (COPD)
Symptoms, signs and ill-defined conditions	Ill-defined or subjective conditions	Headache, insomnia, coma, chronic fatigue syndrome, sleep apnea, seasonal affective disorder, anorexia, other symptoms without a diagnosis
Infections and parasitic diseases	Infectious and parasitic diseases	Food poisoning, HIV/AIDS, hepatitis, meningitis, salmonella, tuberculosis, polio
Diseases of the digestive system	Digestive system disorders	Gastric ulcers, gastritis, appendicitis, hernia, irritable bowel syndrome, cirrhosis of the liver, Crohn's disease, diverticulitis, ulcerative colitis, dental disorders, temporomandibular joint (TMJ) disorders
Endocrine, nutritional and metabolic diseases and immunity disorders	Nutritional, metabolic, regulatory and immunity disorders	Diabetes, malnutrition, obesity, gout, cystic fibrosis, thyroid disorders
Diseases of the genitourinary system	Genital and waste removal disorders	Uterine prolapse, cervicitis, menopausal symptoms, kidney and bladder disorders, genital organ disorders, kidney failure, enlarged prostate, prostatitis, urinary tract infections, endometriosis
Congenital anomalies	Inherited conditions	Congenital anomalies, spina tend, Down syndrome, inherited heart valve malfunction
Diseases of the blood and blood-forming organs	Blood-related disorders	Anemia, hemophilia, sickle-cell disease, diseases of the spleen
Other	Other disorders	Other disorders not captured in categories above

Source: Council for Disability Awareness

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