



FENCHURCH GENERAL INSURANCE COMPANY

A SHORT GUIDE ON HOW TO SUBMIT A LONG TERM DISABILITY APPLICATION

If you have been absent from work due to illness or injury for a prolonged period of time you may be eligible for a disability benefit from your Employer's Long Term Disability Plan. Application forms are available from your Employer or can be accessed on our website at fenchurchgeneral.com.

Step 1

If you participate in your Employer's long term disability plan they would have already completed and submitted an *Early Intervention* form to Fenchurch General Insurance Company ("FGIC") so that they are aware that you will be submitting an application.

On receipt of the Early Intervention form FGIC will allocate an adjudicator who will be your main contact throughout the application process and the on-going management of your claim

Step 2

At least 8 weeks before the end of the elimination period under the Long Term Disability plan you should complete, sign and send the *Claimants Statement* to FGIC at:

Alternatively you can scan and e-mail the forms to claims@fenchurchgeneral.com, or fax them to 1-877.364.6666.

Step 3

Complete and sign Part 1 of the *Attending Physicians Statement* and pass this to your doctor with a request that he/she complete the form and forward it to the address or fax number shown on the form. You should stress that the form should be completed in full, should be legible and should include copies of test results and specialist reports.

Incomplete or illegible will be returned to your doctor and missing test results or specialist reports will be required before your application is adjudicated. If needed, these actions may result in a delay in assessing your application and payment of any benefits due.

If you have any questions with respect to any of the steps outlined above you should call FGIC on 1-866-226-4817. You should have your policy number available as this will assist in directing you to the right person.

Coincident with the above steps, your Employer will complete and forward the employer's statement to FGIC.

All forms must be submitted before your claim is adjudicated.

What happens next?

A disability management specialist will review all of the forms and information provided within 10 days of the final document being received. They may at this time conduct a telephone interview with you to more fully understand the nature of your disability, your functional capabilities and limitations.

Once all of the pertinent information is gathered and reviewed a decision will be made with respect to your application for Long Term Disability benefits.

What happens if your claim is approved?

We will write to you to advise you of our decision to approve your claim – this will include payment details such as the start date of your benefit, the amount of your benefit and if any offsets apply. It will also specify the initial approval period and when the next claim review is due.

We review claims periodically to assess your on-going eligibility for disability benefit. This requires an update from your attending physician, a form for which we will send to you at least two weeks prior to the review date.

We will also send a notice to your Employer so that they are aware of the progress of your application.

Similar documents will be sent after each claim review.

Return to work planning

If the condition giving rise to disability improves and it is anticipated that you will be able to return to gainful employment, you will be referred to a rehabilitation consultant who will help you with return to work planning.

If at any time you feel that you are able to return to some type of work, please notify FGIC.

What happens if your application is designated as 'Pending'?

If we have insufficient information to make a decision with respect to your application we will designate your claim as 'Pending' and notify you and your Employer in writing. This letter will also detail what additional information is required and who is responsible for collecting that information.

What happens if your application is declined?

If our assessment indicates that you are not disabled, as defined in the policy, your application will be declined and you and your Employer will be notified of our decision in writing. This letter will explain why we have declined your claim and how you can appeal if you disagree with our findings.