

BENEFITS WITH AN EDGE.



Short-Term Disability FAQs

Report claims online at MyLincolnPortal.com (use company code: **NSU-EE**) or call **800-291-0112**. Have questions? You can call your case manager from 8 a.m. to 5 p.m. ET, Monday through Friday.

Q: When Should I file a disability claim?

If you become absent from work for longer than three consecutive days due to injury, illness or pregnancy; you must report your absence to Lincoln. Claims can be reported online at MyLincolnPortal.com (company code: **NSU-EE**) or by calling **800-291-0112**.

Q: How long will it take to obtain a decision on my claim?

Once we receive all relevant information from your physician, Lincoln will typically make its initial decision regarding your claim within 10 business days.

Q: What Information do I need to provide when reporting a claim?

- **Personal information:** name, address, telephone number and job title
- **Physician information:** name, address and fax/telephone numbers for each treating physician related to this illness or injury
- **Illness/injury information:** detailed information of your illness/injury, symptoms and/or diagnosis
- **Job information:** your last day worked, first day absent from work, and anticipated return-to-work date

Q: What can I expect after I report my claim?

1. Once you report your claim, a case manager will call you within two business days to discuss the details of your medical condition — including how it impacts your ability to do your job — and your treatment plan. Your case manager will be responsible for your claim and will be your main contact at Lincoln.
2. Your case manager will call your physician to obtain as much detailed medical information as needed and request copies of your medical records. To expedite this process, please provide your physician or medical care provider with your medical information to Lincoln. The authorization form can be found at **MyLincolnPortal.com**.
3. Your supervisor will also be contacted by your case manager to discuss the details of your job duties and hours worked. We will not share any confidential medical information with your supervisor. We will only discuss any physical limitations and/or restrictions as they relate to your job requirements.

(The Lincoln Financial Case Manager will also advise you of the ability to provide a voice activated Authorization to Release information as well as an e-signature release.)

Q: How does Lincoln handle claims submitted prior to a date of disability?

You may report a claim up to 15 days prior to your date of disability; however, the claim process will not begin until the date the disability occurs. An early submission claim will be assigned to a case manager two days prior to the date

Q: How will I know my claim is approved?

You can opt into Text Message Notifications to receive notices and to stay up to date on your claim. Your case manager will call you about approval to discuss how frequently your case will be re-evaluated and when to expect follow-up calls. If you need to be out of work longer than the approved-through date, additional medical information may be required to support any extension of the disability claim.

Q: What happens if my claim is not approved?

If your claim is not approved, your case manager will call you to explain the reason for the claim denial and tell you how to appeal the decision. You will also receive a letter explaining why your claim was denied and the appeal process.

Q: What type of medical information will be requested from my treating physician?

A completed disability form, copies of your medical records, office visit notes, treatment plan, and test results may be requested. Once the request for medical information has been sent, you should receive a letter from your case manager notifying you of the request. The information is due from your physician within 15 days of the initial request for information, Lincoln will follow-up on day 7. If the information is not received, your claim will be denied. Please follow up immediately with your physician(s) to ensure they send the requested information.

Q: What happens if my physician will not provide medical information over the phone?

Every treating provider has a specific policy regarding release of medical information. Your case manager will do their best to confirm any information necessary to reach a decision on your claim. In the event your treating provider(s) will not release information over the phone, your case manager will fax a request to your treating provider(s). Once the request for medical information has been sent, you will receive a letter from your case manager notifying you of the request so that you can ensure your physician provides the medical information needed.

Lack of sufficient medical documentation may result in interruption of your pay and/or a denial of disability benefits. It is your responsibility to ensure that the Medical Information is provided timely.

Q: What type of communication can I expect from my case manager at Lincoln?

Frequent and open communication between you and your case manager is critical for you to achieve a safe and timely return to work. Your case manager will call you periodically to discuss your recovery and to answer any questions. Case managers will be in contact with you based on your individual circumstances and on how long you will be absent from work. Periodically, your case manager will contact your physician to discuss your current medical condition. Additional medical information may be required for benefits to continue under the disability program.

Q: How long can I remain on Short-Term disability (STD)?

If you continue to be disabled according to medical records provided by your physician and you cannot return to work, you may remain on STD for up to 26 weeks. If your illness or disability extends beyond 26 weeks, you will automatically be considered for long-term disability (LTD) benefits.

Q: What do I do when I am ready to return to work?

You must call your case manager about your return-to-work date. You should also contact your immediate Supervisor to notify them of your return-to-work date. Your case manager will request a release from your physician that allows you to return to work. If necessary, your case manager will work with you and your physician to determine a return-to-work plan specific to your needs and abilities.

You must provide a **Return to Work form** to the Benefits Department by fax to **954-262-6859** or by e-mail to loa@nova.edu.

Q: What if I have questions about my claim?

Effective communication is a two-way process, and you are encouraged to call your case manager with any questions or concerns between 8 a.m. and 5 p.m. ET, Monday through Friday.