



NGAUS INSURANCE TRUST / ONE MASSACHUSETTS AVENUE, NORTHWEST / WASHINGTON, D.C. 20001 / 202-789-0031

**NGAUS Insurance Trust Technician Insurance Program  
Disability Claims Filing Instructions  
(for all states including New York)**

- **This memo summarizes the forms necessary for the filing of Technician Long Term Disability Claims.**

**LONG TERM DISABILITY CLAIMS SUMMARY**

Previously the forms below were combined in a multi page document with carbon copies. We now have separate forms that will be processed generally the same as before.

**One item that was pre-filled previously needs to be written in now. It is vitally important that the following be filled in on the claim form:**

**Group Policy Number:    GL,H 12454-1**

**For New York Insureds: Group Policy Number:    GL,H 28690-7**

To submit a claim, the HRO / Technician Personnel Officer needs to complete the following forms:

- 1) DISABILITY INCOME INSURANCE CLAIM - EMPLOYER, and
- 2) LONG TERM DISABILITY - OCCUPATIONAL DEMANDS

The completed Occupational Demands form (with a copy of the employee's job description attached) needs to be provided to the employee along with the following forms:

- 1) DISABILITY INCOME INSURANCE CLAIM - EMPLOYEE,
- 2) ATTENDING PHYSICIAN'S STATEMENT OF IMPAIRMENT AND FUNCTION,
- 3) AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

All of the completed forms should be returned to the HRO for submission to ReliaStar Life.

See the following pages for a complete listing of form numbers, and also more detailed claim filing instructions.

**NGAUS Insurance Trust LONG TERM DISABILITY CLAIM FORMS**  
**(all states including NY)**

<b>Disability Income- Forms</b>	<b>Form Number</b>
<b>Claim Form for Employer:</b> Disability Income Insurance Claim - Employer	171335
<b>Claim Form for Employer:</b> Long Term Disability - Occupational Demands	171889
<b>Claim Form for Employee:</b> Disability Income Insurance Claim - Employee	171336
<b>Claim Form for Physician:</b> Attending Physician's Statement of Impairment and Function	117010
<b>Claim Form for Employee:</b> Authorization for Release of Health-Related Information	127182


## **NGAUS INSURANCE TRUST LONG TERM DISABILITY CLAIMS PROCEDURES**

**Note: Every space on these forms should be completed to avoid delay in claim processing.** If for some reason a section does not apply, or information is not available, "N/A" or "unknown" should be written in the space.

Complete these forms when filing a Long Term Disability (LTD) claim:

1. **DISABILITY INCOME INSURANCE CLAIM - EMPLOYER**
  - This form must be completed in entirety by the employer. This area is very important as you are documenting to ReliaStar the Technician's employment information.
  - Group Policy Number is GL,H- 12454-1 (New York Group Policy Number: GL,H 28690-7)
  - The Certification section must be signed by an authorized company representative.
  - A copy of the employee's LTD enrollment form (if available) should be attached.
2. **LONG TERM DISABILITY - OCCUPATIONAL DEMANDS**
  - This form should be filled out objectively by the employee and/or employee's immediate supervisor, or someone with comprehensive knowledge of the position.
  - ***A copy of the employee's job description should be attached to the form.***
  - Employee should give a copy of the completed form to the treating physician to help the physician in completing the Attending Physician's Statement of Disability.
3. **DISABILITY INCOME INSURANCE CLAIM - EMPLOYEE**
  - Must be completed in entirety by the employee.
  - Attach any information regarding a claim made because of the disability and any award letters where income from other sources might be payable, such as Worker's Compensation.
  - ReliaStar will advise the employee when they should contact the Social Security Office to request forms to file a claim for Social Security Disability Benefits.
4. **ATTENDING PHYSICIAN'S STATEMENT OF IMPAIRMENT AND FUNCTION**
  - Must be completed by the employee's treating physician based on the physician's knowledge, care and treatment of that individual.
5. **AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION**
  - Must be completed in entirety by the employee.

**Note: All of the above forms should first be returned to the employer, and then sent directly to:**

 ReliaStar Life Insurance Company  
Disability Claims  
One Riverfront Plaza  
Westbrook, ME 04092-9700

**Please make certain all correspondence includes the employer's name, plan/policy number, and employee's name.**