



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)

Disability Income- Forms	Form Number
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Claim Form for Employer: Disability Income Insurance Claim - Employer	171335
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Claim Form for Employer: Long Term Disability - Occupational Demands	171889
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Claim Form for Employee: Disability Income Insurance Claim - Employee	171336
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Claim Form for Physician: Attending Physician's Statement of Impairment and Function	117010
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Claim Form for Employee: Authorization for Release of Health-Related Information	127182
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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
300 Southborough Dr., Suite 200
Portland, Maine 04106-6914

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