

Client Guide to Filing a Disability Claim

At Berkshire Life Insurance Company of America (Berkshire) we understand how difficult it is when an individual becomes sidelined from a sickness or injury. This FAQ will provide you with some basic information regarding the claim process, in the event that you require our services.

What should I do if I become sick or injured but am not sure I will need to file a claim?

If you become sick or injured and are unable to work, you should immediately notify Claims Management Services at Berkshire. The earlier you notify us of your circumstances, the sooner we will be able to begin our evaluation of your eligibility for benefits. More importantly, your policy contains specific information regarding the time frame in which you must submit notice of claim. You may contact us by any of three methods:

1. Toll-free: 1-888-275-7473
2. Email: claim@berkshirelife.com
3. Mail: Claims Management Services, 700 South Street, Pittsfield MA, 01201

What information should I have available when I contact Berkshire about a claim?

It would be helpful if you could provide us with your policy number(s), current mailing and email address, your telephone number(s), the date your sickness began or injury occurred, as well information regarding your occupation and employment. Additional information will be required over the life of the claim; however the above information is useful in getting the claim process started.

Should I wait to notify Berkshire until my disability extends beyond my policy's Elimination Period?

No. Please do not wait. Notify Claims Management Services immediately. The sooner we have Notice of a claim, the sooner we are able to complete our claim evaluation.

How soon will I receive benefits after the Elimination Period expires?

Provided that we have the necessary information to make a claims decision that benefits are payable, benefits will be payable once your period of disability has extended beyond the Elimination Period, which is shown in your policy. Benefits are not payable and will not accrue during the Elimination Period. The Elimination Period is a period of time outlined in your policy that must elapse prior to your receiving or being eligible for benefits, unless otherwise indicated in your policy. The benefits are payable on a monthly basis and in arrears, which means that you may not receive a benefit payment until you have accrued a full month of benefits past your Elimination Period. Of course, if you recover prior to accruing a full month of benefits, we will issue pro rata benefits to the date of your recovery.

Can benefits be directly deposited into my bank account?

Yes. We offer a Direct Pay service. With your authorization we can deposit the amounts due directly into your personal bank account and send your benefit statement through a secure website to your e-mail account.

What happens if I recover from my illness or injury before the end of the Elimination Period?

If you recover and do not satisfy the Elimination Period, we will close your claim. However, we will be better positioned to evaluate a claim should there be a recurrence of the disability or some later complication.

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What can I expect after I notify Berkshire?

Shortly after claim notice, Claims Management Services will send initial claim forms to you and a claim file will be established.

The initial claim forms will be accompanied by a letter of explanation that provides instructions. The forms include an *Attending Physician's Statement* for your health care provider to complete, an *Authorization to Obtain Information* which will allow us to gather any necessary documentation, a *Disability Claimant Statement and Description of Occupation form* which will provide us with details regarding your sickness or injury, medical treatment and other insurance coverage as well as provide us with preliminary details regarding your employment. Because not all claim situations are the same, additional forms and information may be required. Please note that any returned forms that are illegible, altered, or incomplete in any way may cause delays in our ability to evaluate your claim.

Should I wait until my health care provider has completed the Attending Physician's Statement (APS) before sending Berkshire the completed forms?

No. We can begin the evaluation of your claim before we receive the completed *Attending Physician's Statement*. So please complete, sign and return the remaining forms as soon as possible.

Will I personally hear from anyone at Berkshire about my claim?

Shortly after you provide claim notice, a claims professional will be assigned to your claim. Your claims professional will then initiate contact with you to answer any questions you may have about the claim forms and, if necessary, assist you in completing them. In addition this initial phone call provides an opportunity for us to develop a better understanding of your claim.

Will Berkshire need anything in addition to my completed claim forms to make a benefits decision?

We may need additional information and documentation to fully understand and assess your claim. For instance, it may be determined that we need to gather more

information from your doctors regarding your injury or sickness. We may need additional information regarding your employment and occupation, which can include business and financial records, such as tax returns. Further financial records may also be needed to evaluate claims under any Residual Disability provision in your policy.

Will Berkshire share any of the information or documentation that I submit in support of my claim?

Protecting your privacy throughout the claims process is of paramount importance to us. We do not release your information without your authorization, unless we are required to do so by law.

Will someone come to my home or office during the claim process?

Personal visits can occur at any point during the claim. We are committed to personal claims service and believe it is important to bring a face to the experience whenever possible. We have company representatives located throughout the country as well as home office based claim representatives who routinely travel. Our representatives may meet with you to gather facts, answer questions, explain policy provisions or otherwise help facilitate the claim process.

Will Berkshire have me examined?

In some circumstances it is helpful to have an examination. If this becomes necessary, we will notify you, and will make all the arrangements and pay for the examination.

What happens once my claim has been approved?

You will receive monthly indemnity payments so long as you remain eligible. Receipt of benefits and their duration are subject to the terms of your policy. You may be required to submit monthly proof of loss for review and approval. Your claim representative will keep you updated as to what information may be necessary under the policy terms and provisions to continue to receive monthly indemnity payments.

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What recourse do I have if my claim is denied?

While we are committed to providing benefits to our customers, some claims are not payable. If we decline your claim, we will notify you in writing of the reason for the denial of benefits and the steps necessary to appeal our determination. We will also provide you with contact information for your state's Department of Insurance.

Is there anything else?

Please know that we are committed to providing you with a prompt and equitable claims experience. If you ever have questions, or wish to provide us with feedback regarding our services, please contact us by any of the following methods:

Toll-free: 888.275.7473

Email: claim@berkshirelife.com

Mail: Claims Management Services, 700 South Street,
Pittsfield MA, 01201

Disclaimer: This publication is offered for informational purposes only and does not change, modify, or supplant any policy provisions and is not a guarantee of future performance. Eligibility for benefits is determined on a case-by-case basis, taking into consideration the facts and circumstances that are unique to each claim presented as well as the terms and conditions of the subject policy(s). Any policy language citations are for illustration purposes only and are not meant to be inclusive of all policy language applicable to a particular claim. **Please refer to the policy for actual terms and provisions that apply.** This FAQ supersedes all prior versions, and will be superseded by subsequent versions. This publication does not constitute legal advice. Please consult with legal counsel concerning any legal questions. All rights reserved.

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