



managing your client's claim

individual disability income insurance

Dealing with a disabling illness or injury can be a stressful event. That's why Ameritas® does everything possible to help your client file their disability income insurance claim. The claim examiner works with your client every step of the way to recovery or reconciling with the disability.

What To Expect During the DI Claim Process

First:

- You or your client should contact DI Claims at 800-825-1551 to report the claim. A claim examiner will send the necessary forms to you or your client.
- You or your client mails the completed claim forms to: Ameritas Life Insurance Corp., DI Claims, P.O. Box 40888, Cincinnati, OH 45240 as soon as possible so that the claim examiner can begin reviewing the claim. Your client will receive a written acknowledgment of receipt of the claim within 10 days.

Then:

- The claim examiner will place a phone call to your client after the claim has been initially reviewed. During the call your client has the opportunity to have questions answered about the claim process and the examiner can explain any unique policy provisions.
- A field claim representative visit will be initiated by the claim examiner. It's not standard practice for our field claim representative to notify your client of their upcoming visit. This visit can occur anytime during your client's claim. This is an opportunity for your client to ask questions and for the field claim representative to gather additional facts needed to process the claim.

- Your client's medical providers will be contacted and asked to provide a copy of the medical records. Ameritas pays for the medical record retrieval; there is no cost to your client.
- Your client's employer may be contacted to verify duties/occupation, salary, and date last worked. Additional information may be requested if needed.
- In order to obtain additional benefit information, we may contact other disability carriers that your client currently has coverage with or had coverage with at the inception of the disability claim.
- Financial documentation may be requested, including but not limited to W-2 statements, IRS tax forms, and monthly profit and loss statements, depending on the circumstances of the claim.

Your client should send the claim information as soon as possible so that we can begin processing the claim. Because all claims are not the same, additional information may be needed.

Confidentiality

Claim information is confidential and only released upon your client's authorization to do so. We are not able to share information with you or anyone other than your client.

Your client can expect to receive a claim status update every 30 days until a determination has been made.

Once your client's claim is approved by Ameritas, we will periodically ask your client for updates (regarding the condition) to verify continued eligibility for benefit payment.

Ameritas is dedicated to providing your client with quality service during the disability. Please have your client contact the claim examiner at 800-825-1551 with any questions.

Frequently Asked Questions

Q. How does the elimination period work?

A. All DI policies have an elimination period. The number of days can be found on the Policy Schedule page in your client's policy. The elimination period is the number of days your client must be disabled before we begin to pay the benefits. Benefits are not payable during the elimination period.

Q. When will your client receive her/his first benefit check?

A. Benefits begin to accrue at the end of the policy's elimination period and once your client's eligibility for benefit payment has been established. Benefits are paid in arrears, meaning that the first benefit check is due 30 days after the end of the elimination period.

Q. How long does the claim process take?

A. Depending on your client's specific claim, your client can expect a decision within five business days after we receive all claim requirements.

Q. Will Ameritas require that your client be examined?

A. In some circumstances, having an independent medical examination is helpful. Your client will be notified if an exam is necessary. We make the arrangements and pay for the examination.

Q. What happens if your client recovers from the medical condition before the end of the elimination period?

A. If your client recovers prior to the expiration of the elimination period we will close the claim and no benefits are payable.

Q. What if your client has several disability policies with Ameritas?

A. Your client only needs to complete one set of claim forms and other requested information.

Q. Are your client's disability benefits taxable?

A. Typically, if someone else pays the premium for the policy, benefits are taxable. If your client pays the premium, it is not taxable; although we suggest that your client consult with a tax consultant for advice.

Q. What happens if your client's claim is contestable?

A. Additional information such as financial documentation, medical records/information may be requested in order to verify the information obtained at the time of application. A contestable review can take longer to complete than a normal claim review.



In approved states, Dlnamic Foundation (forms 4501NC, 4502GR and 4503NCBOE) is issued by Ameritas Life Insurance Corp. In New York, Dlnamic Foundation (forms 5501-NC, 5502-GR and 5503-NCBOE) is issued by Ameritas Life Insurance Corp. of New York. Policy and riders may vary and may not be available in all states.

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