Administration for disability claims

Insured employers and employees have access to Principal Life Insurance Company's comprehensive claim management services through a variety of means – phone, fax or web. Employees receive ongoing coverage and online status information 24 hours a day throughout the claims evaluation process. An in-house staff of registered nurses and rehabilitation specialists work with employees and their physicians to create an individualized rehabilitation plan. The following information provides better understanding of the claims process, including specific processes for short-term disability (STD), long-term disability (LTD) or integrated short- and long-term disability insurance.

FILING A CLAIM

Claims can be filed the following ways:

- Submit online by selecting the Claim Form from the Forms Library in the Tools section on the Principal Financial Group website at www.principal.com
- Fax to 1-800-255-6609
- Mail to: Principal Life Insurance Company
  Attn: Group Life & Disability Claims Department
  Des Moines, IA 50392-0002
- Telephonic claim submission is also available in place of a paper claim.

Once the claim is received in our office, it is given to the Claim Manager who is dedicated to servicing your claim. Additional information may be requested from the claimant, group policyholder and/or the attending physician if needed throughout the claims process.

When reviewing a claim, the Claim Manager considers the following:

- Is the claimant an eligible member?
- Is the condition totally disabling?
- Has the claimant been continuously disabled since the date last worked?
- Is the claimant still disabled?
- Is the disability length consistent with the diagnosis and treatment?
- Is the condition pre-existing?

RESOURCES USED

Many resources are available when reviewing new and ongoing claims. The following are the most commonly used sources for proof of disability or for proof of continuation of a disability:

- Attending Physician's statement – the claim form, a completed questionnaire, physician's office notes or a narrative report from the physician, etc.
- Hospital records
- Activity reports from investigative companies
- Independent medical exams
- Employer
- Claimant
- Consultation with Principal Life's disability nurse and vocational consultant

- Visits by Principal Life's disability staff
- Medical review by Principal Life's medical directors

To ensure efficient and accurate claim service, we attempt to obtain any additional information by telephone. We also accept information via fax to save mailing time.

The claimant can expect a phone call from the Claim Manager to determine the following:

- Return to work intentions
- Proposed treatment plan by the attending physician
- Daily activities
- Social Security disability status
- Additional information needed

Both the claimant and the employer can receive a copy of the weekly Explanation of Benefits.

The focus for any claim is to look at immediate return-to-work opportunities in the employee's regular job either using job modification or restructuring, on-the-job therapy to assist with work-related duties, or possible temporary placement in another job until the employee can return to normal duties.

EARLY INTERVENTION AND ONGOING CLAIM MANAGEMENT

We encourage early intervention and ongoing claim review to ensure all claims are managed promptly, providing the best possible results. This may involve using our in-house resources, which include:

- Disability nurse consultants
- Vocational rehabilitation consultants
- Social Security consultants
- In-house physicians

We may also use external vendors as the situation warrants.

CLAIM DECISIONS

Once a determination has been made on the claim we will notify the claimant with a decision in writing (a copy also goes to the employer) that will include the following:

- The claim decision
- Taxability of benefit
- Social Security Disability issues
- Notification of outstanding information needed
- The need to contact us if returning to work
- The need to report any additional income received
- If denied, how to appeal the claim decision

When approved, a STD claim will include a check along with an Explanation of Benefits document showing the duration period for your disability benefits.

When a LTD claim is approved, a letter will also include the final payment date for disability benefits and the date when the definition of disability changes.

DISABILITY VERIFICATION

The frequency of verification of an employee's current disability status depends on the following:

- Definition of disability
- Employee's medical condition
- Prognosis of employee's medical condition

When the determination has been made that the claim has reached its lowest cost alternative, oru staff wil contact the employee at least once every 18-24 months to verify their condition has not changed and answer any questions they may have.

This overview of the claim process is not a guarantee of payment or complete statement of the guidelines and requirements of the claim process. Timing goals are not guaranteed.

ADDITIONAL CLAIMS INFORMATION BY PRODUCT TYPE:

INTEGRATED SHORT-TERM AND LONG-TERM DISABILITY

For those who have short-term disability in combination with long-term disability or Life waivers benefits, Principal Life offers a streamlined approach for claim administration. Some of the features of integrated streamlined claim processing include:

- Single notification of claim
- One claim form
- STD and LTD Claim Managers are part of a team involved with both the STD and LTD claim
- Smooth, timely transition in claim decision from STD to LTD with no gap in payments, whenever possible
- Early intervention/case management

LONG-TERM DISABILITY

Claimants do not need to submit a new claim form if their Short-Term Disability claim becomes a Long-Term Disability claim. In addition, the STD and LTD Claim Managers will be involved with both the STD and LTD claim evaluation and decision. As a result, the transition from one disability benefit to another should be virtually invisible to the claimant, physician and other involved parties.

Approximately 2-3 months before the date the LTD benefits begin to accrue, the claimant will receive a letter explaining the LTD benefit provisions and any additional paperwork they may need to complete. The letter will include the toll free phone and fax numbers of the Claim Manager so the claimant may contact them directly with questions or concerns. The employer also receives a copy of this letter.

The goal for making a decision on LTD claims is the later of 45 days from the receipt of claim or the benefit accrual date.

SHORT-TERM DISABILITY

The goal for making a decision on STD claims is seven calendar days or less from the receipt date.

ADDITIONAL QUESTIONS?

Review our Frequently Asked Questions information or contact us at 800-245-1522.