

What happens if...

I am ready to go back to work?

Unum offers return-to-work support, because most disabilities are not permanent in nature. When needed, Unum may offer to partner with you and/or your employer on:

- Transitional work schedules
- Modification of workspace
- Additional training
- Obtaining expertise from a vocational rehabilitation consultant

My claim is lasting longer than expected?

Unum may, under certain circumstances, refer you to someone who can help you apply for benefits that may be available through the Social Security Disability Income program.* Please note that if you are approved for Social Security Disability Income benefits, your Unum benefits may be reduced.

I have questions about my claim?

Contact your disability benefits specialist for any questions or concerns about your claim by calling our toll-free number:

- Call **800-858-6843** for work-provided benefits
- Call **800-633-7479** if your policy is an individual policy

For more information

Visit unum.com/claims to:

- Access a sample claim form
- Access additional information
- Check the status of a previously filed claim



How to submit a disability claim with Unum

Unum is committed to helping you through a claim in a timely manner.

*Social Security advocacy assistance program services are provided by GENEX Services, Inc.

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For employee information

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How do I file a claim?

You can file by paper and obtain a claim form by:

- Getting in touch with your Unum contact
- Logging onto **unum.com**
- Contacting your employer's human resource department

Follow instructions that explain how to mail or fax your completed form.

You can file by telephone (if your company has arranged for this service) by calling:

- Your employer's assigned toll-free number
- Your employer's human resource department to obtain Unum's toll-free number (for work-provided benefits)
- The insurance representative who sold you the policy (for individual disability insurance)

What information is required on a claim form?

- Employee statement
- Attending physician statement
- Employer statement (not required for individual disability policies)
- Signed authorization form

What's next?

What else does Unum need from me?

- A signed authorization form for release of ongoing medical information
- Follow-up with your physician's office is sometimes encouraged to ensure that his or her office responds to Unum's request for information.

How does Unum assess my claim?

- Your claim will be assigned to a disability benefits specialist who is an experienced claims professional. Your disability benefits specialist will understand and manage your claim by:
 - Communicating with you and keeping you informed
 - Reviewing your eligibility under the insurance contract
 - Making payment arrangements
 - Conducting periodic reviews of your disability claim
 - Assisting with return-to-work planning (if applicable)
- Professionals such as physicians, nurses, case managers and vocational rehabilitation consultants may assist the disability benefits specialist with claim reviews.

What is the timeframe for reviewing my claim?

Day 1 starts when ...

Unum receives all of your completed claim forms.



By Day 5 ...

Either a decision will be made on your claim or you will hear from your assigned disability benefits specialist regarding your claim status.



After Day 5 ...

Unum typically will make a benefit decision on your claim within these policy guidelines:

- Short term disability — 5 days
- Long term disability — 45 days
- Individual disability insurance — 60 days



After Day 30 ...

Your disability benefits specialist will provide written updates on the claim status at least every 30 days until a benefit determination is made.

Unum may require additional medical information to better understand your claim. The timing of the decision depends on how quickly the information is received.

Unum will partner with you to gather all required information for the duration of your claim.



Our goal is to always provide a fair and thorough evaluation of your claim and communicate a decision as quickly as possible. Your prompt response to requests for information about your claim will help us serve you better and, if approved, ensure you receive payments in a timely manner.

