UniCare®

LIFE AND DISABILITY CLAIMS

Employer manual

The contents of this manual should not be considered legal advice or recommendations. You should work with your company's attorney when interpreting your company's legal responsibility under your employee life and disability plan(s). You should also review applicable state and federal laws and regulations. The contents of this manual may change or be updated at any time.

8/2022

Contents

Introduction

You, your employees, and your broker/administrator can submit claims online, by phone, or by mail, email, or fax. Online submission is the fastest way to get a claim started. Each claim type will give you information to file a claim online and by mail, email, and fax.

Our easy system lets you enter all the information we need to start your life or disability claim. Go to https://myspecialtyappsanthem.com/Claims/UC and follow the simple steps to submit a claim. The system will guide you through all information needed to get started on a claim. This manual is an additional resource, offering step-by-step instructions to file claims and access your claims reports.

You will be prompted to print all forms needed while you're submitting the claim. You can upload completed forms and other supporting documents while you're submitting the claim online. Make sure all forms are filled out in full.

Missing or incomplete information can delay processing.

Once you submit the claim, you'll receive a reference number. If you give us your email address, you will also receive a confirmation email. Be sure to keep the claim reference number handy – we can help you faster if you have it when you call us with questions.

For assistance while using the online claim system, call 1-800-813-5682 Monday through Friday between 8:30 a.m. and 5:00 p.m. Eastern Time.

Help with life and disability claims

If you have questions **with claims**, call us:

For life claims, 1-800-552-2137.

For disability claims, 1-800-813-5682, or call your group's Case Manager.

Note for FML Administration clients: FML claims and associated STD claims cannot be submitted by the online claim portal described in this booklet. Employees must call our Leave Management Service Center at 1-888-868-7046 to start a claim.

Register to receive life and disability claims reports

You will access claims reports via the online portal. In order to access reports, you must first submit the Online Claims Reporting/Status Check Application Registration Form. Due to the PHI and PII that claims reporting and status check access affords, an Officer of the Company must sign the form.

We will provide you with a user ID and password for the secure claim reporting portal.

If you have more than one administrator who needs to use the claims reporting portal, just complete the information for all users on the Claims Reporting/Status Check Application Registration Form. Each will receive a user ID and password.

If you want your third party administrator (TPA) to have access to the secure claims reports portal, list the TPA as an authorized user on the form. We will confirm the TPA with you and send them a user ID and password.

You may have already completed this form during your implementation process with UniCare. If you did not, download the form at https://www.anthem.com/docs/public/inline/eleepuseragreement.pdf and complete, sign, and submit it to

dl-socerreporting@anthem.com.

If you have questions or forget your user ID or password, email us at dl-socerreporting@anthem.com or call us at

1-800-232-0113 ext. 4044798627. We will be happy to email your user ID to you and reset your password.

The claims reports site is protected with Computer Associates SiteMinder, an industry standard security framework. A user cannot access any secured pages on the site until they are logged in with a user ID and password. Benefit

administrators can securely change their password and manage their profile. We provide a password to each benefit administrator for their initial login. They must then change their password.

If an invalid password is entered three times, the user account is locked out. Email us at

dl-socerreporting@anthem.com or call 1-800-232-0113 ext. 4044798627 to have it reset..

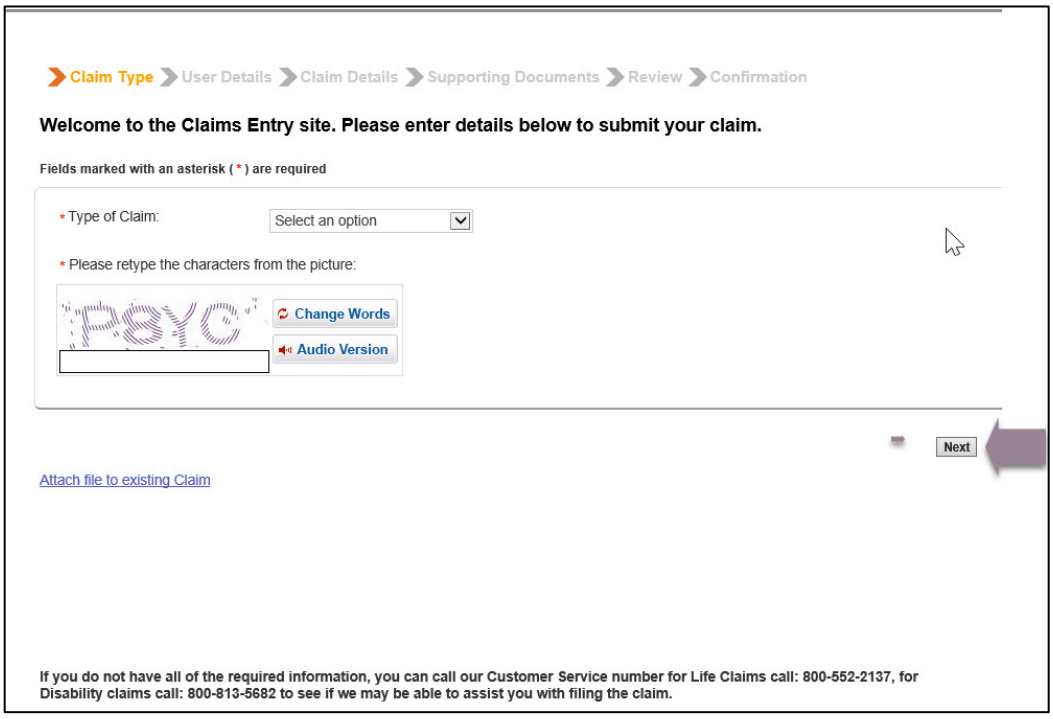
Getting started – submit claims online

To submit life and disability claims online, go to https://myspecialtyappsanthem.com/Claims/UC.

Select the type of claim you want to submit on the *Welcome* screen. Your choices are:

- Life
- Accidental dismemberment
- Living benefit
- Life waiver of premium
- Short-term disability - **note for FML Administration clients: FML claims, and associated STD claims cannot be submitted by the online claim portal described in this booklet. Employees must call our Leave Management Service Center at 1-888-868-7046 to start a claim.**
- Long-term disability

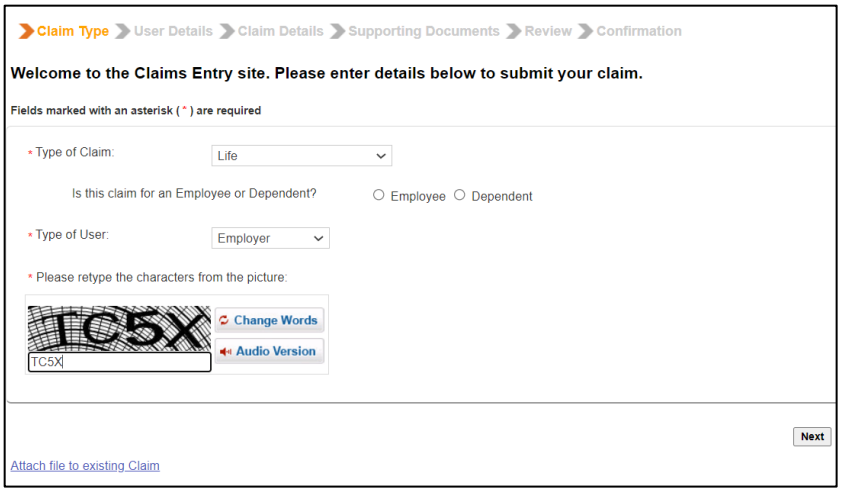
Fields marked with an asterisk (*) are required.



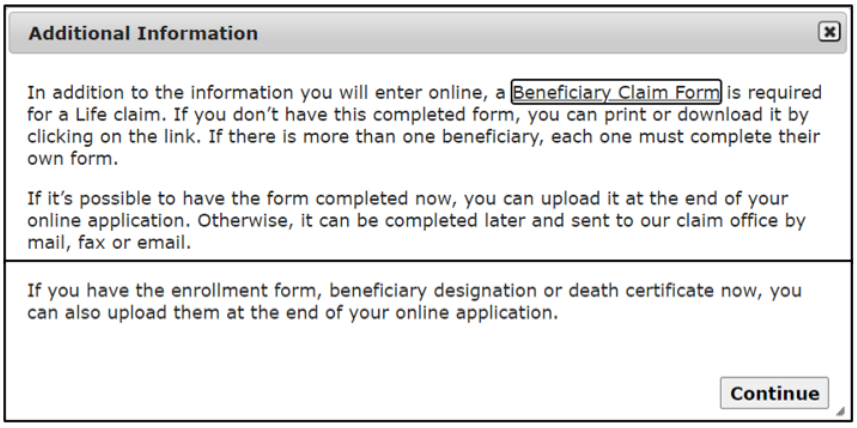
Submitting a life insurance claim

Submitting a life insurance claim online

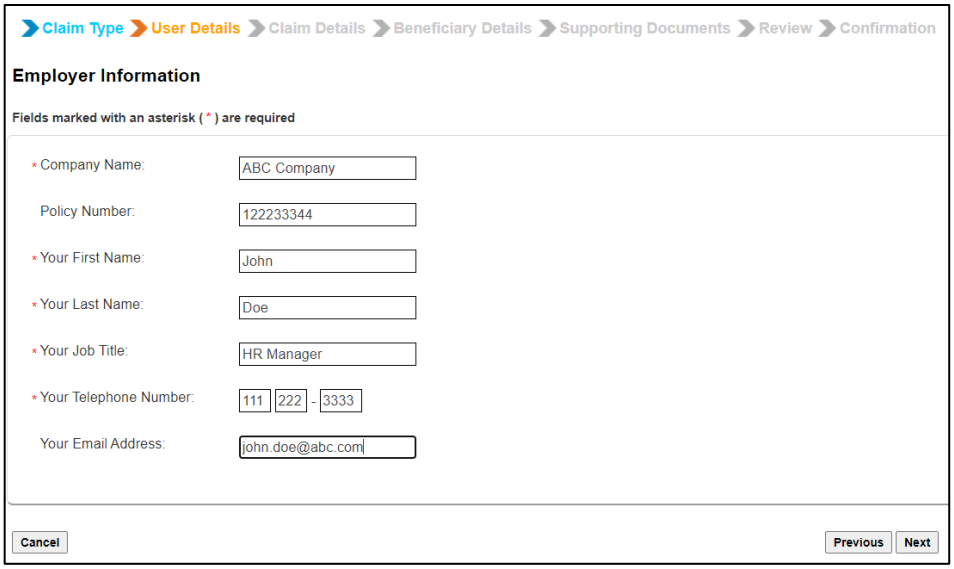
To submit life insurance claims online, go to https://myspecialtyappsanthem.com/Claims/UC. Select Life in the *Type of Claim* field, then select whether you're submitting a claim for an employee or a dependent. In the *Type of User* field, select Employer. Enter the characters you see in the box, then click *Next*.



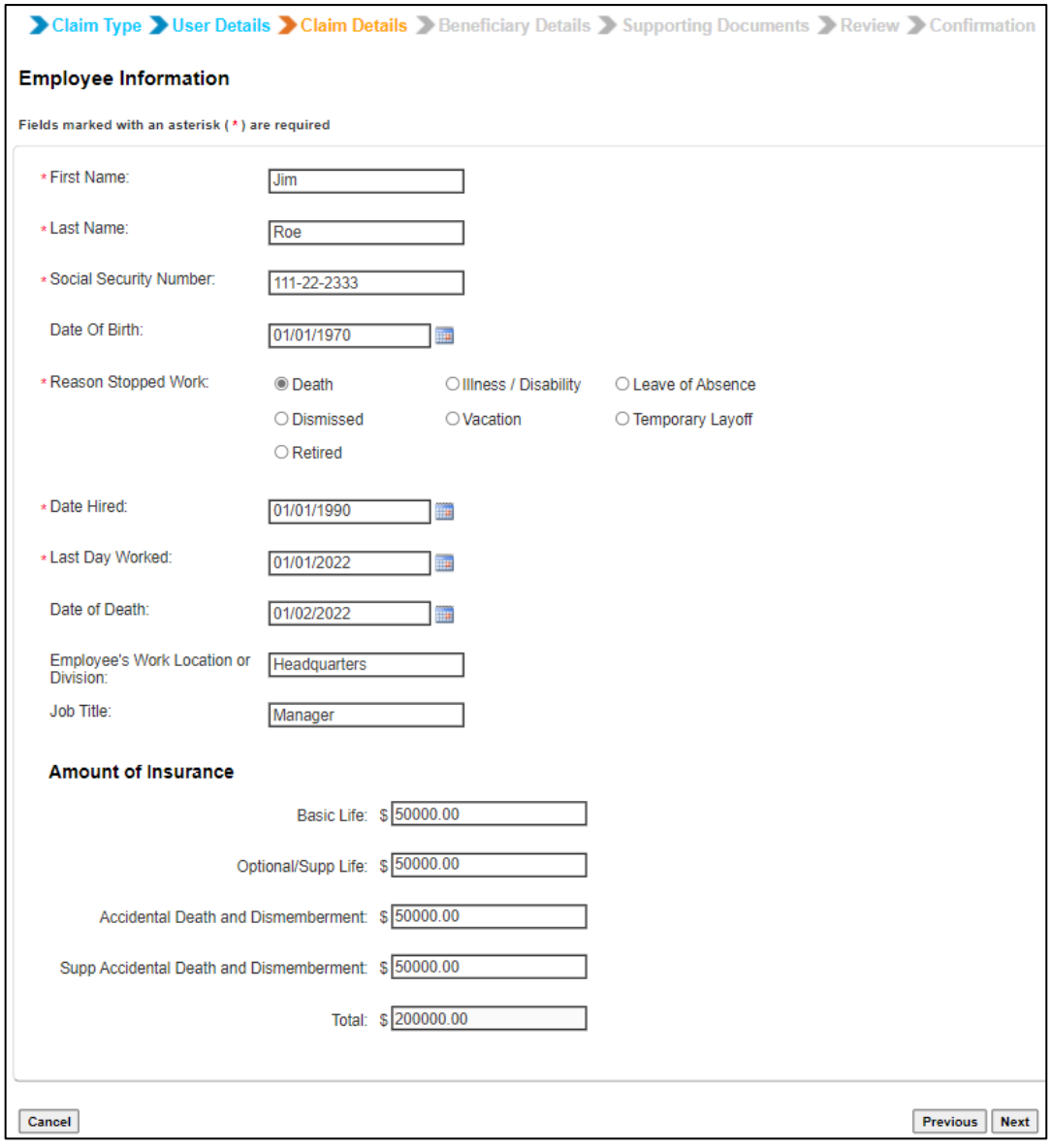
You can print the *Beneficiary Claim Form* we'll need to process the claim from this screen. Select the *Beneficiary Claim Form* link to get a fillable PDF of the form. Click *Continue*.



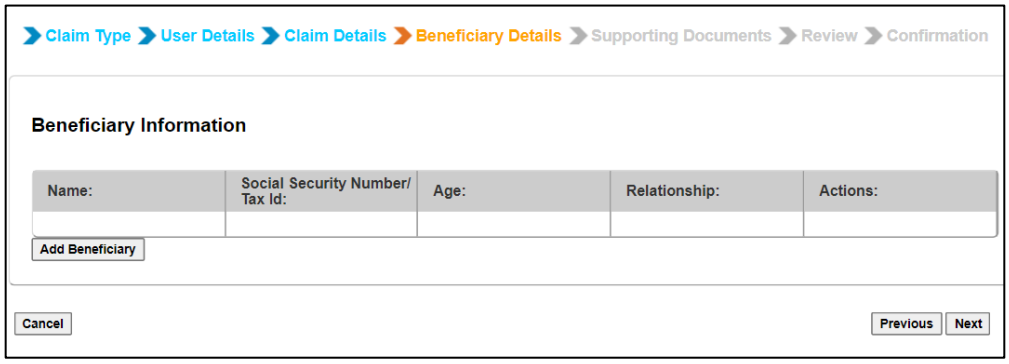
Enter your contact information on the *Employer Information* screen. Click *Next*.



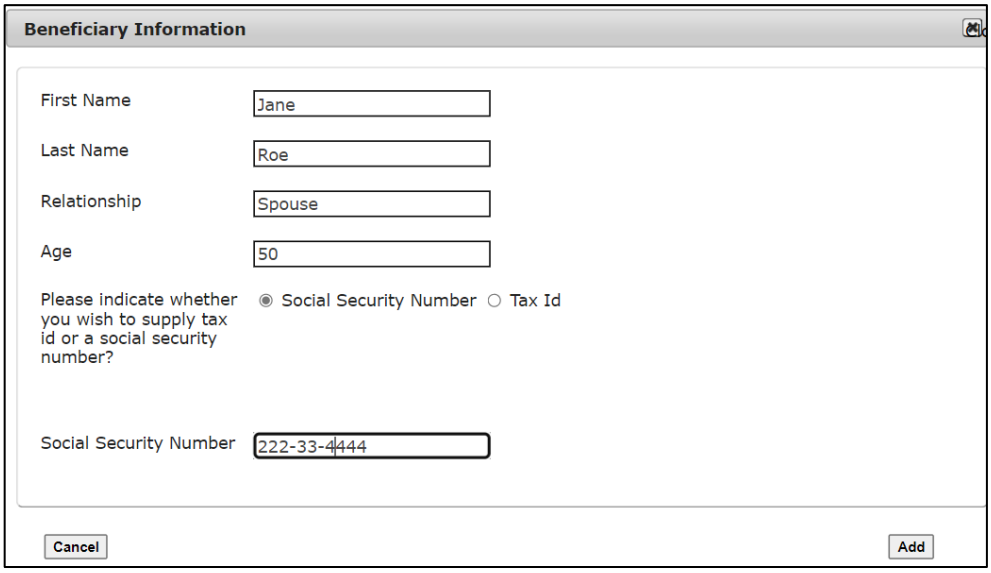
On the *Employee Information* screen, give us the information we need to begin processing the claim. Click *Next*.



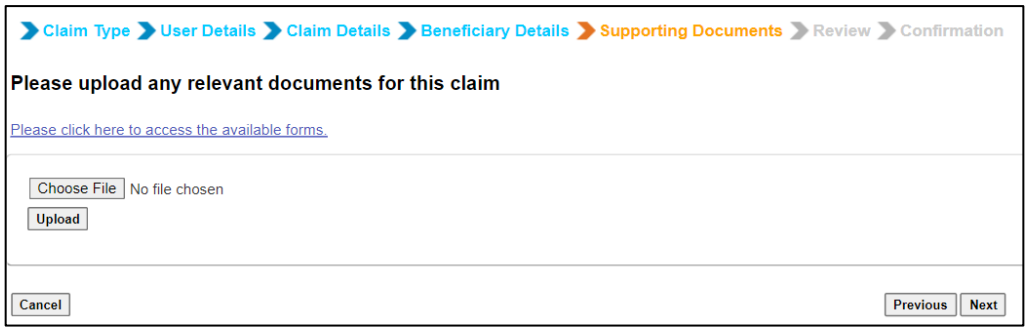
If you have it, enter the beneficiary information here. Select *Add Beneficiary* for each beneficiary on file. Click *Next*.



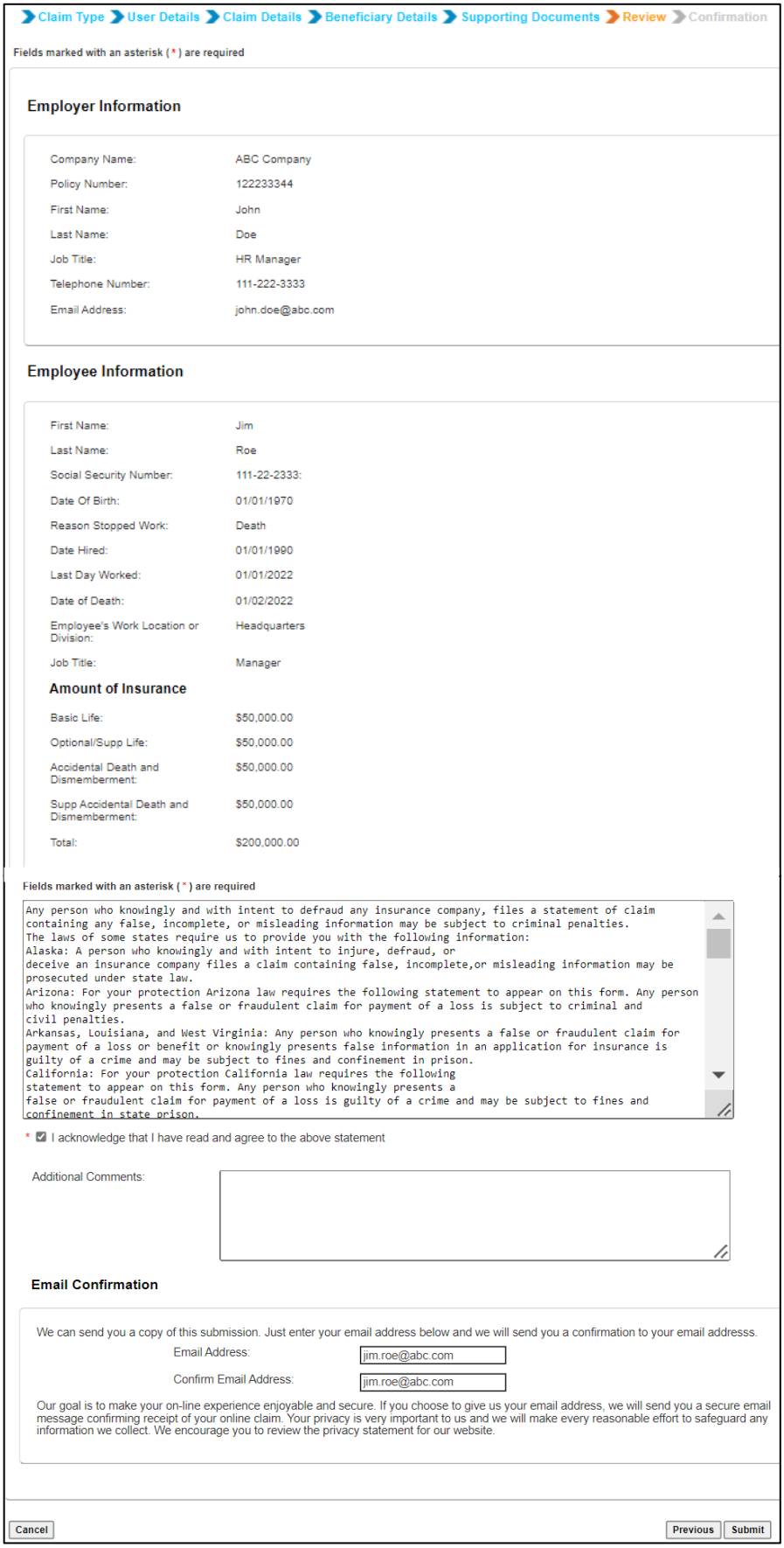
This is where you enter the beneficiary information. We'll also need a copy of the most recent *Employee Enrollment Form* or *Beneficiary Designation Form*. You can attach the beneficiary form later in the online claim process. Click *Add*.



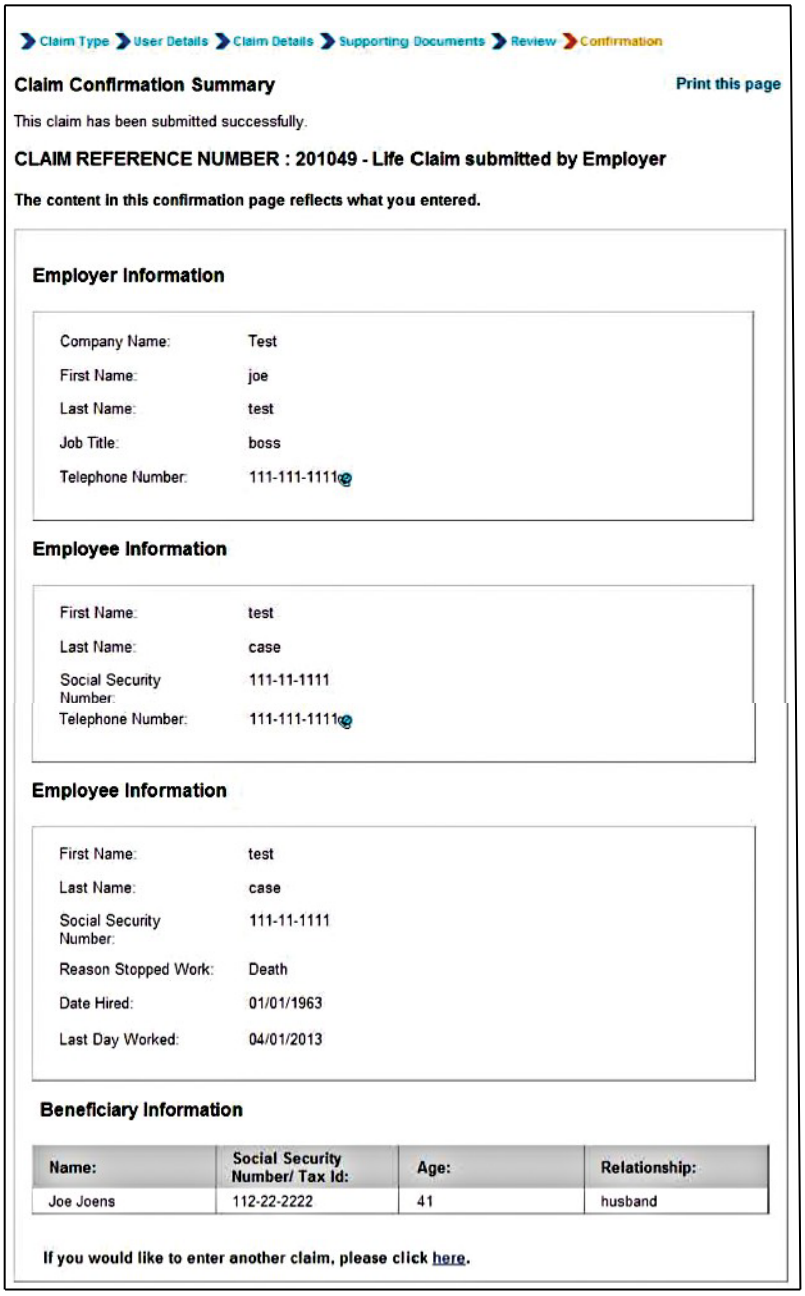
On this screen, you can upload any additional forms and documents, such as the *Enrollment Form*, *Beneficiary Designation Form*, *Beneficiary Claim Form* and/or death certificate. Select *Chose File* to find them, then select *Upload*. Click *Next*.



Next you can review the information you've entered. You'll also need to agree to the legal statement. If you enter your email address, we'll send you an email confirmation of all the information you entered. You can also add any additional comments about the claim. Click *Submit*.



Once the claim is complete, you'll get a confirmation summary showing all the information you entered, along with a claim reference number. You can use this number when checking the status of the claim or attaching additional documents. If you entered your email address on the previous screen, you'll also get an email confirmation summary.



Claim Type > User Details > Claim Details > Supporting Documents > Review > Confirmation

Claim Confirmation Summary Print this page

This claim has been submitted successfully.

CLAIM REFERENCE NUMBER : 201049 - Life Claim submitted by Employer

The content in this confirmation page reflects what you entered.

Employer Information

Company Name:	Test
First Name:	joe
Last Name:	test
Job Title:	boss
Telephone Number:	111-111-1111

Employee Information

First Name:	test
Last Name:	case
Social Security Number:	111-11-1111
Telephone Number:	111-111-1111

Employee Information

First Name:	test
Last Name:	case
Social Security Number:	111-11-1111
Reason Stopped Work:	Death
Date Hired:	01/01/1963
Last Day Worked:	04/01/2013

Beneficiary Information

Name:	Social Security Number/ Tax Id:	Age:	Relationship:
Joe Joens	112-22-2222	41	husband

If you would like to enter another claim, please click here.

Submitting a life insurance claim by mail, email, or fax

You can also file life insurance claims by mail, email, or fax:

- Download the *Life Beneficiary Claim Form* at www.unicare.com.
- Complete the *Group Policyholder's Statement* in full. Missing or incomplete information can delay processing.
- Remember to include a copy of the enrollment form or beneficiary designation form.
- Give the beneficiary the remaining pages of this package.

The beneficiary must complete the *Beneficiary Claim Form* in full and return it to you.

- If there is more than one beneficiary, each one must complete a separate form.
- If the beneficiary has a funeral home assignment, please have him or her include the assignment with the claim form.
- If the claim is being filed by an executor or administrator of an estate, he or she must sign the *Beneficiary Claim Form*, enter the estate's Tax ID number and include copies of the appointment papers.
- The beneficiary must submit a copy of the death certificate. Only one death certificate is needed. We can accept a photocopy of the certificate in most cases.
- Send the Group Policyholder's Statement, enrollment form/beneficiary designation, *Beneficiary Claim Form(s)* and death certificate to:

  Life Claims Service Center
  P.O. Box 105448
  Atlanta, GA 30348-5448

You may also fax everything to us at 1-877-305-3901 or send by email to lifeclaims@anthem.com.

Please call the Life Claims Service Center with any questions at 1-800-552-2137.

Life insurance benefit payments

For proceeds of less than $10,000, we will mail a check to the beneficiary.

For proceeds of $10,000 or more, beneficiaries can choose to receive a check or to have their proceeds deposited into an Access Advantage Account draft account. The beneficiary makes the choice on the *Beneficiary Claim Form*.

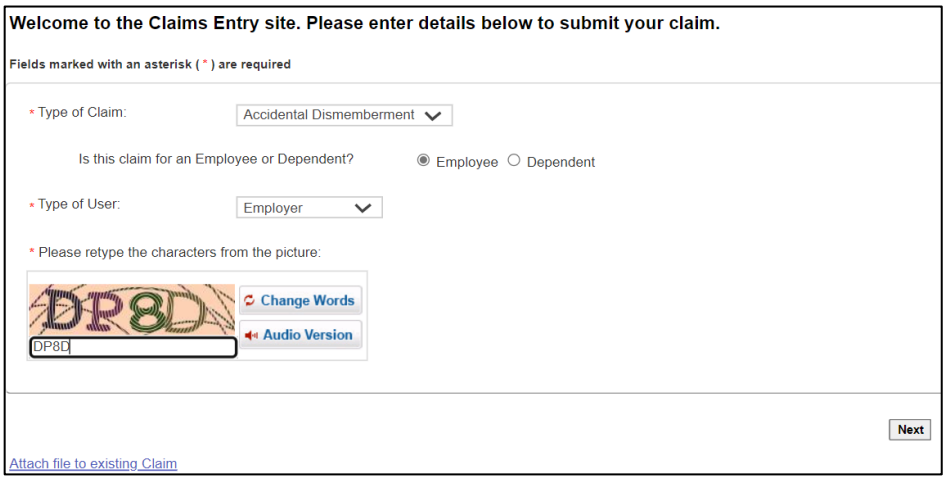
If a beneficiary chooses the Access Advantage Account, we mail to the beneficiary drafts after we approve the claim. This gives him or her access to the funds for immediate needs but relieves him or her of making important investment decisions during a time of stress. The account begins earning a competitive interest rate starting the day it is opened. Benefits payable to a beneficiary who is a minor child will automatically be paid into an Access Advantage Account.

Submitting an accidental dismemberment claim

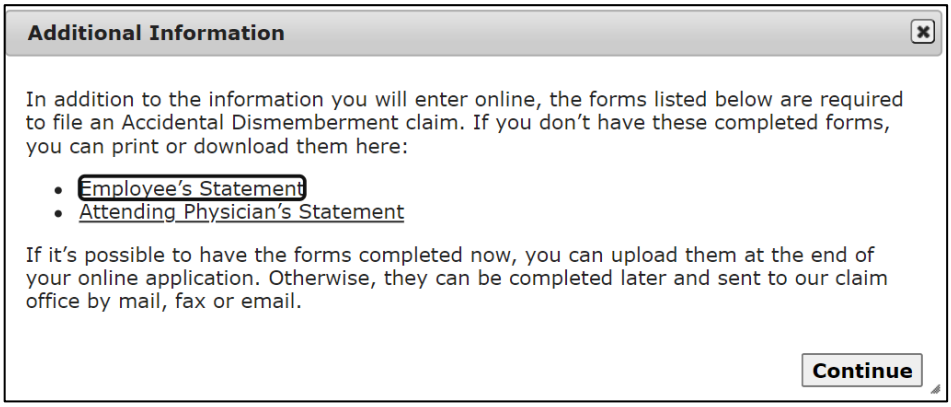
As soon as you learn that an insured person suffered any loss covered under the accidental dismemberment benefit, you can initiate an accidental dismemberment claim.

Submitting an accidental dismemberment claim online

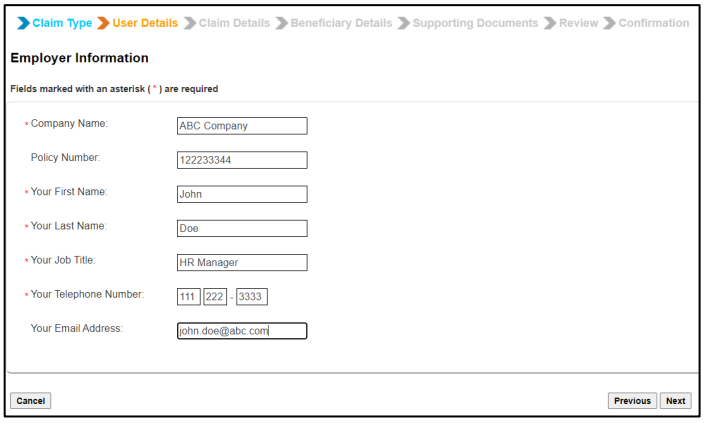
To submit accidental dismemberment insurance claims online, go to https://myspecialtyappsanthem.com/Claims/UC. Select Accidental Dismemberment in the *Type of Claim* field and choose Employer in the *Type of User* field. Then, enterthe characters you see in the box and select Next.



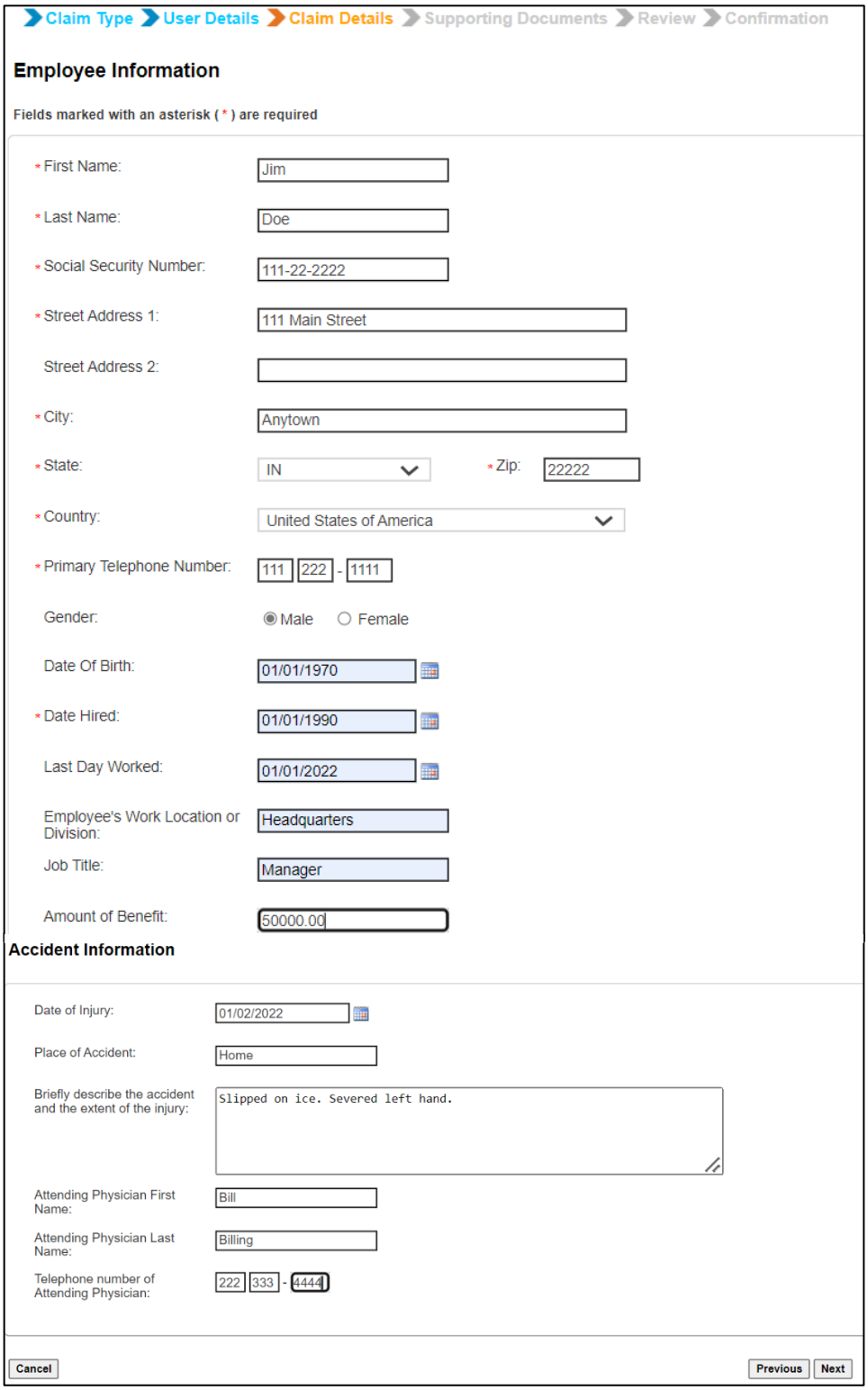
You can print the forms we need to process the accidental dismemberment claim from this screen. Select the links to get fillable PDFs of the *Employee's Statement* and *Attending Physician's Statement*. Click *Continue*.



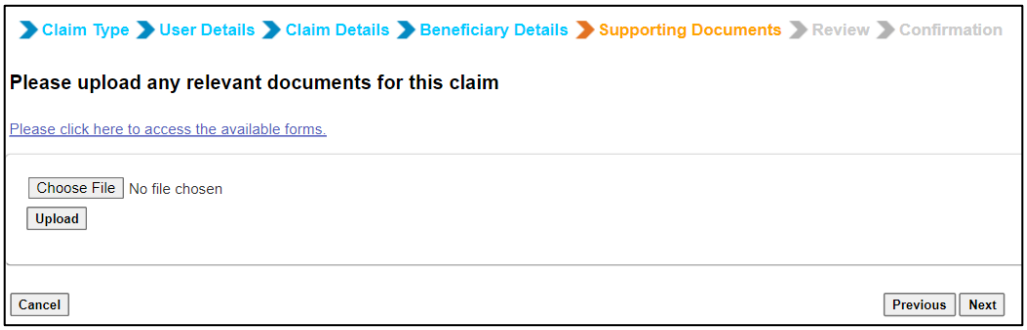
Enter your contact information on the *Employer Information* screen. Click *Next*.



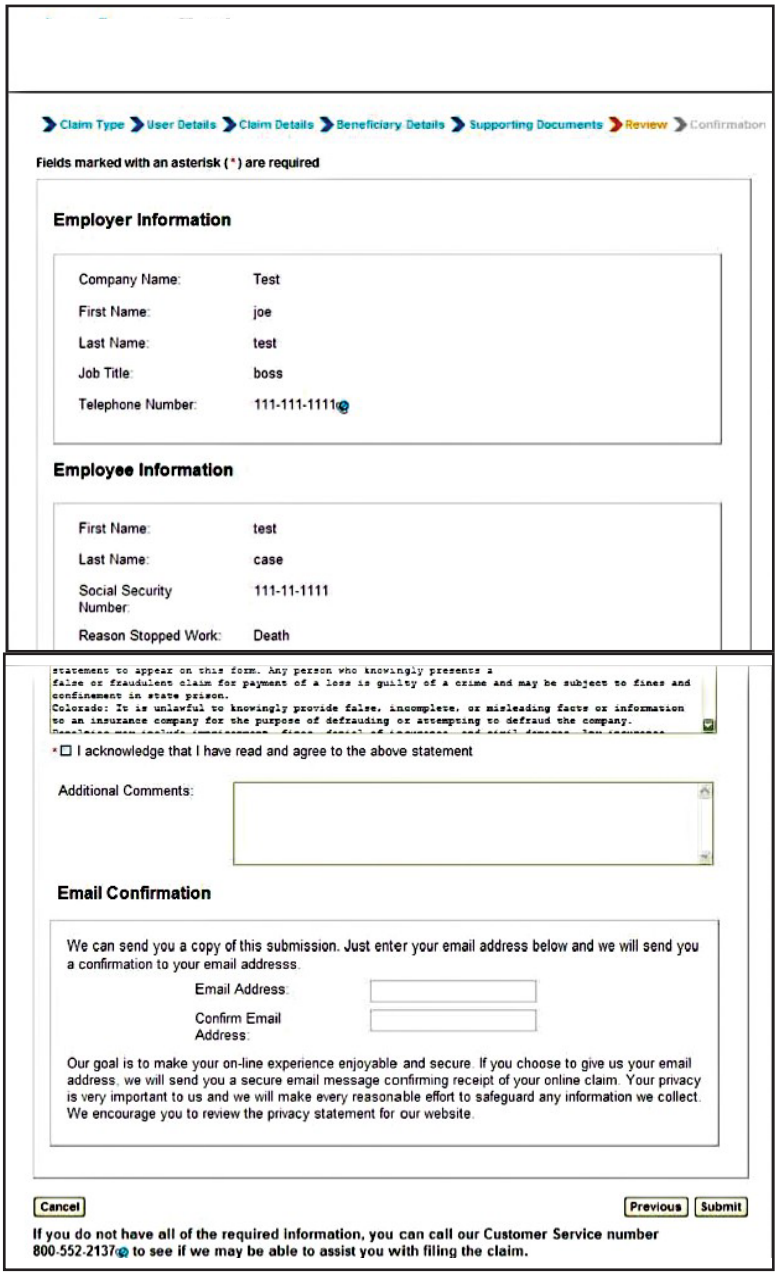
On the *Employee Information* screen, provide the information we need to begin processing the claim. Click *Next*.



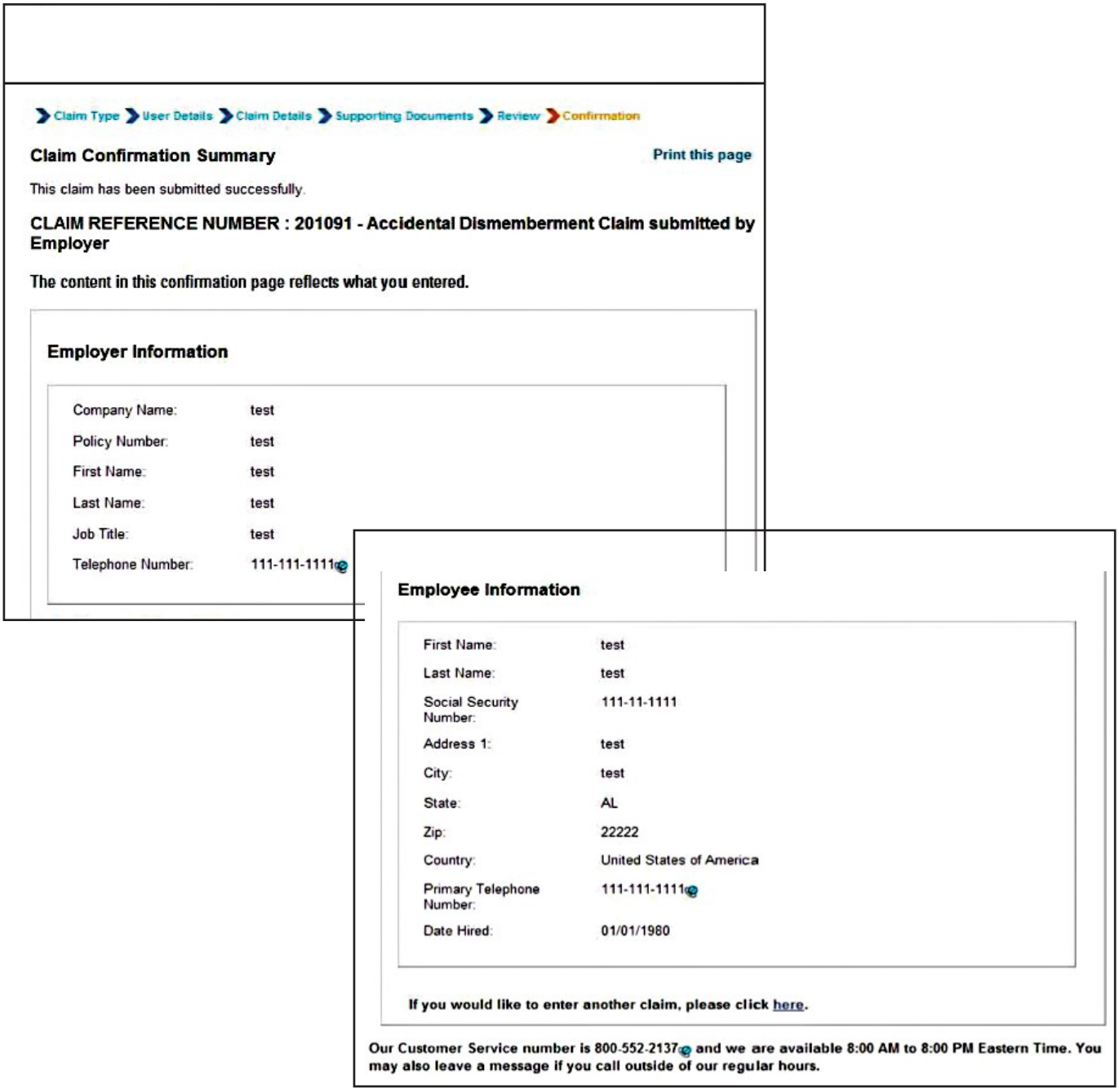
If you already have completed forms, you can scan and upload them on this screen. For example, if you have the *Employee's Statement* or *Attending Physician's Statement*, you can scan and attach them here. Click *Next*.



Next, you'll get confirmation of the information you entered and you'll agree to the legal statement so we can beginprocessing the claim. You can also enter your email address and we'll send you confirmation of all the information you entered. Click *Submit*.



You'll receive a confirmation summary showing all the information you entered. If you entered your email address on the previous screen, you'll also get a confirmation summary by email.



Claim Type › User Details › Claim Details › Supporting Documents › Review › Confirmation

Claim Confirmation Summary Print this page

This claim has been submitted successfully.

CLAIM REFERENCE NUMBER : 201091 - Accidental Dismemberment Claim submitted by Employer

The content in this confirmation page reflects what you entered.

Employer Information

Company Name:	test
Policy Number:	test
First Name:	test
Last Name:	test
Job Title:	test
Telephone Number:	111-111-1111

Employee Information

First Name:	test
Last Name:	test
Social Security Number:	111-11-1111
Address 1:	test
City:	test
State:	AL
Zip:	22222
Country:	United States of America
Primary Telephone Number:	111-111-1111
Date Hired:	01/01/1980

If you would like to enter another claim, please click here.

Our Customer Service number is 800-552-2137 and we are available 8:00 AM to 8:00 PM Eastern Time. You may also leave a message if you call outside of our regular hours.

Submitting an accidental dismemberment claim by mail, email, or fax

To file an accidental dismemberment claim by mail, email, or fax, as soon as you learn that an insured person suffered any loss covered under the accidental dismemberment benefit, complete the *Employer Statement* section of the *Accidental Dismemberment or Loss of Sight Claim Form*. Give the form to the insured person to fill out. His or her doctor must also complete the *Proof of Accidental Dismemberment Attending Physician's Statement*. Benefits are paid by check directly to the employee.

Send us:

- The completed *Accidental Dismemberment or Loss of Sight Claim Form*.
- *Accidental Dismemberment AttendingPhysician's Statement.*
- Employee's enrollment form.
- All available newspaper clippings pertaining to the injury and loss, and a police report, if available.

Send all information to:

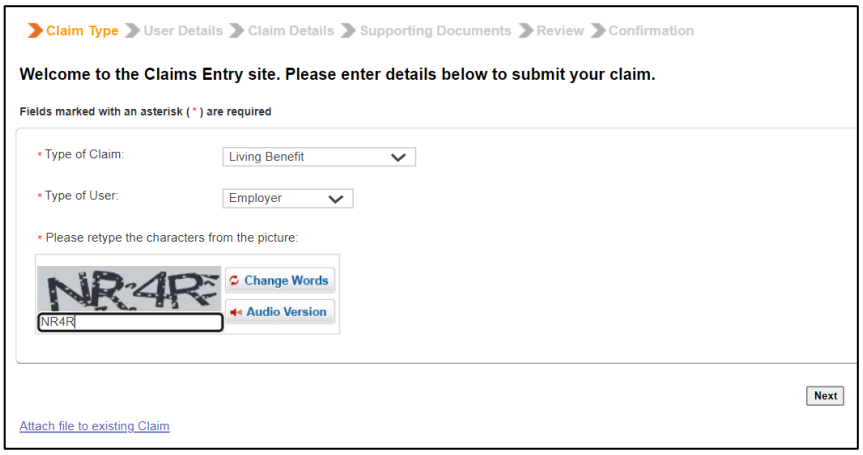
Life Claims Service Center
P.O. Box 105448
Atlanta, GA 30348-5448

You may also fax everything to us at 1-877-305-3901 or by email to lifeclaims@anthem.com. Please call the Life Claims Service Center at 1-800-813-5682 with any questions.

Submitting a living benefit/accelerated death benefit claim

Submitting a living benefit/accelerated death benefit claim online

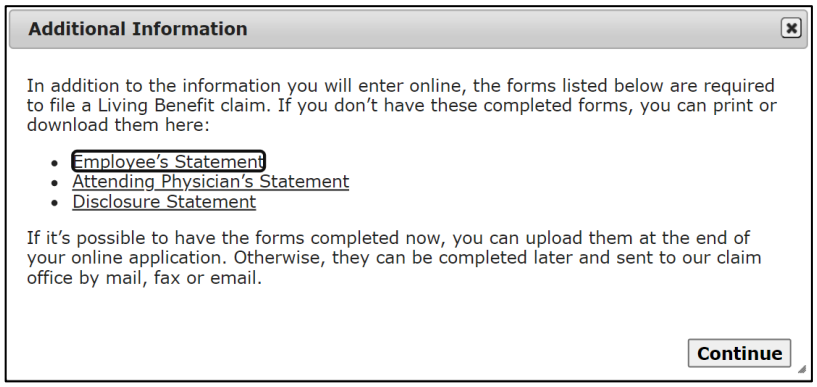
To submit claims online, go to https://myspecialtyappsanthem.com/Claims/UC. Select Living Benefit in the *Type of Claim* field and select Employer in the *Type of User* field. Then, enter the charactersyou see in the box and click *Next*.



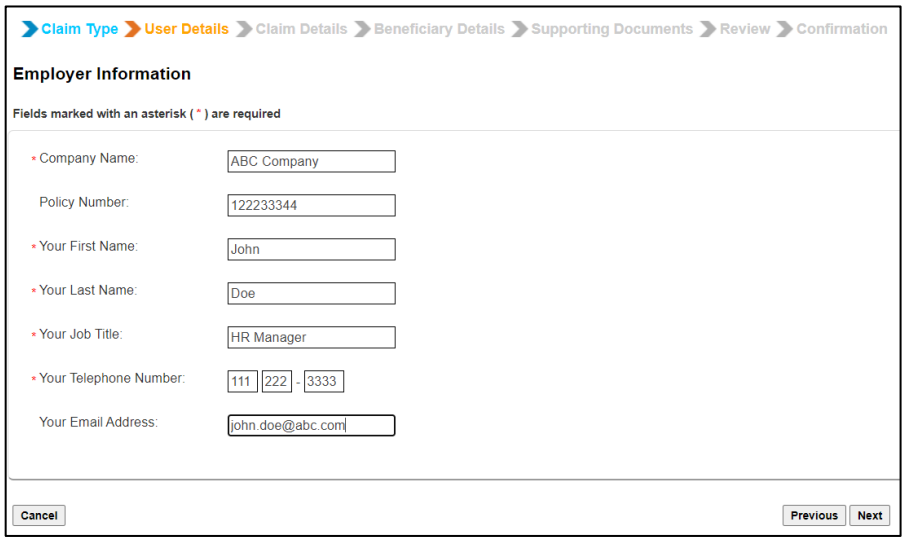
You can print the forms we need to process the living benefit claim from this screen. Select the links to get fillable PDFs of the forms:

- *Employee's Statement*
- *Attending Physician's Statement*
- *Disclosure Statement*

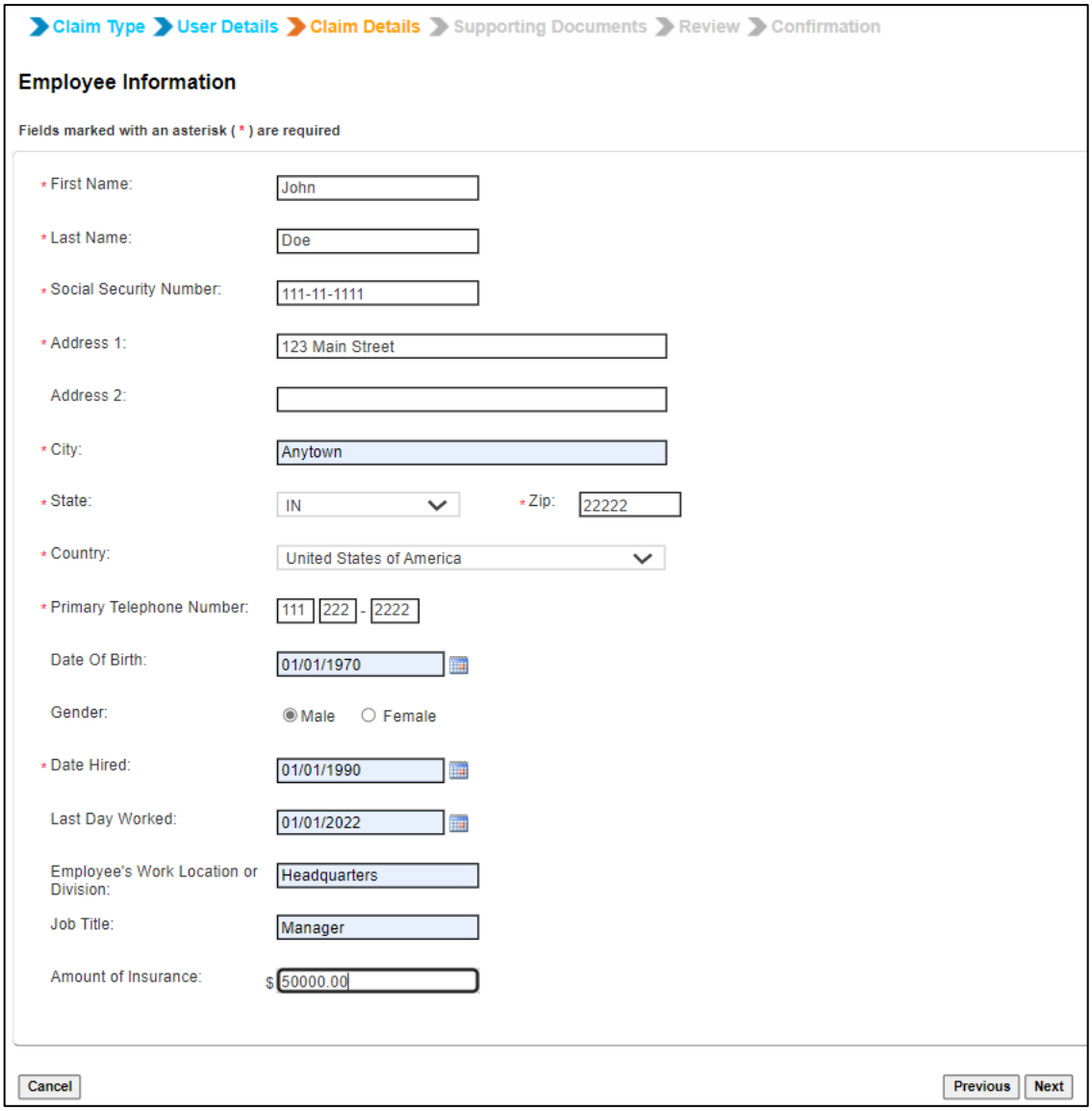
Click *Continue*.



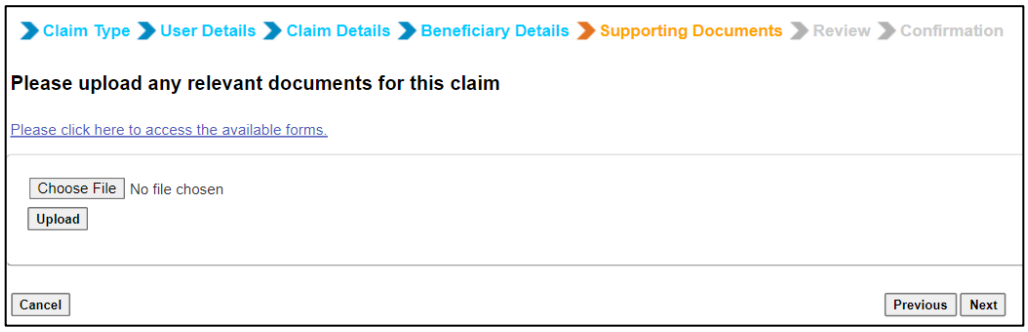
Enter your contact information on the *Employer Information* screen. Click *Next*.



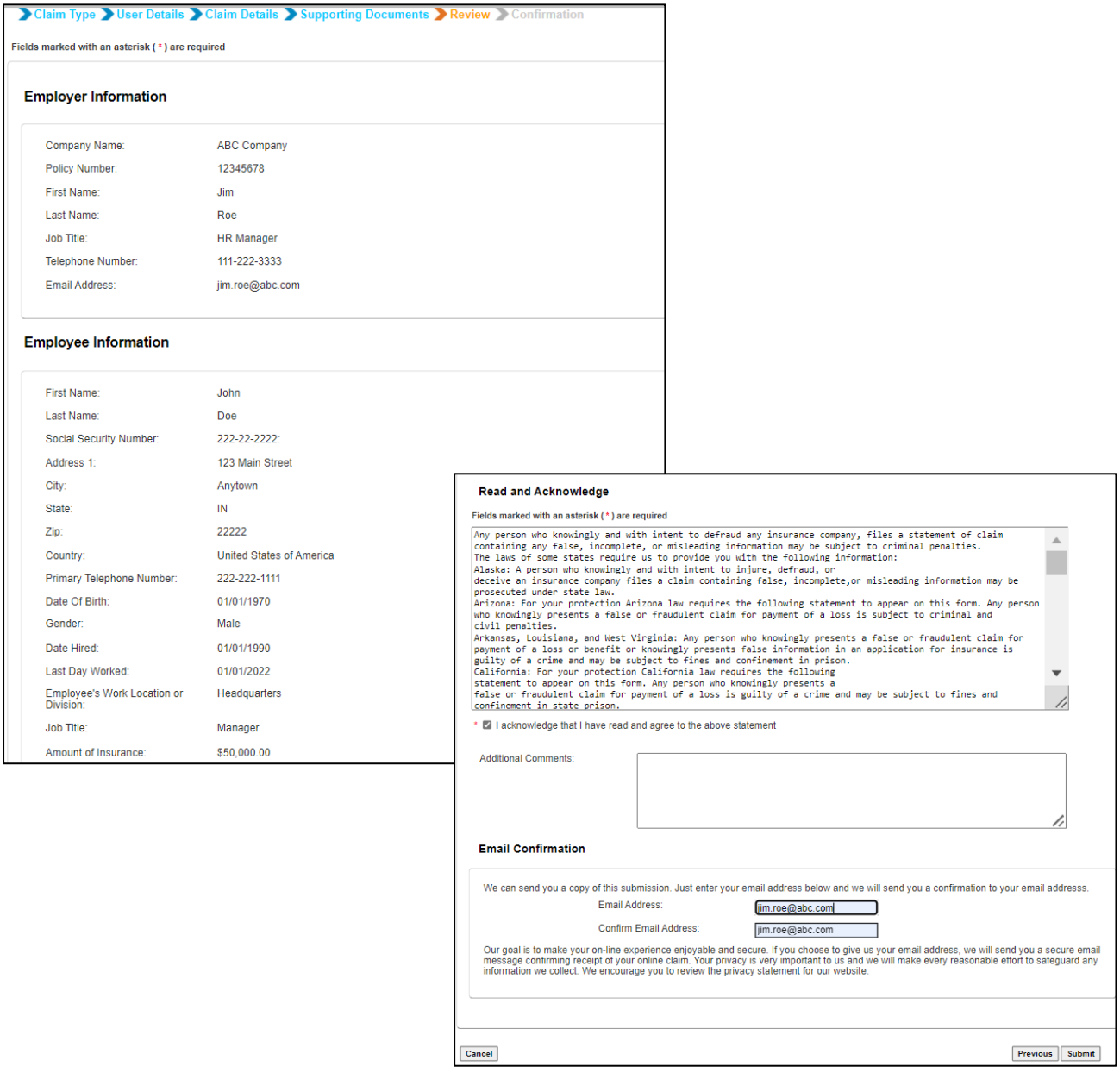
On the *Employee Information* screen, provide the information we need to begin processing the claim. Click *Next*.



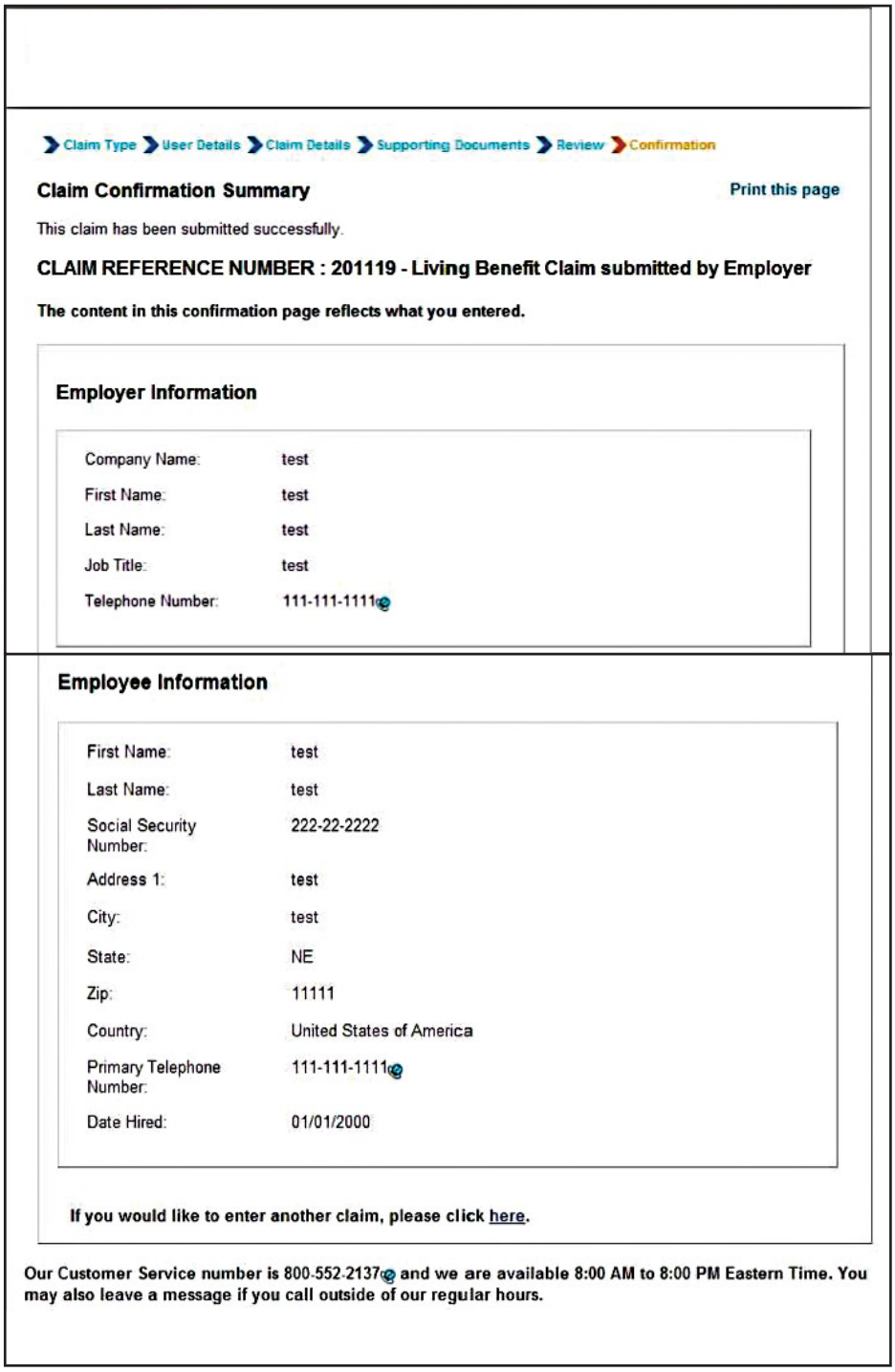
If you have completed forms, you can scan them and upload them on this screen.For example, if you have the *Employee's Statement*, the *Attending Physician's Statement* and/or the *Disclosure Statement*, you can scan and attach them here. Click *Next*.



Next, you'll get confirmation of the information you entered and you'll agree to the legal statement so we can begin processing the claim. You can also enter your email address and we'll send you confirmation of all the information you entered. Click *Submit*.



Once the claim is complete, you'll receive a confirmation summary showing all the information you entered. If you entered your email address on the previous screen, you'll also get a confirmation summary by email.



Claim Type › User Details › Claim Details › Supporting Documents › Review › Confirmation

Claim Confirmation Summary Print this page

This claim has been submitted successfully.

CLAIM REFERENCE NUMBER : 201119 - Living Benefit Claim submitted by Employer

The content in this confirmation page reflects what you entered.

Employer Information

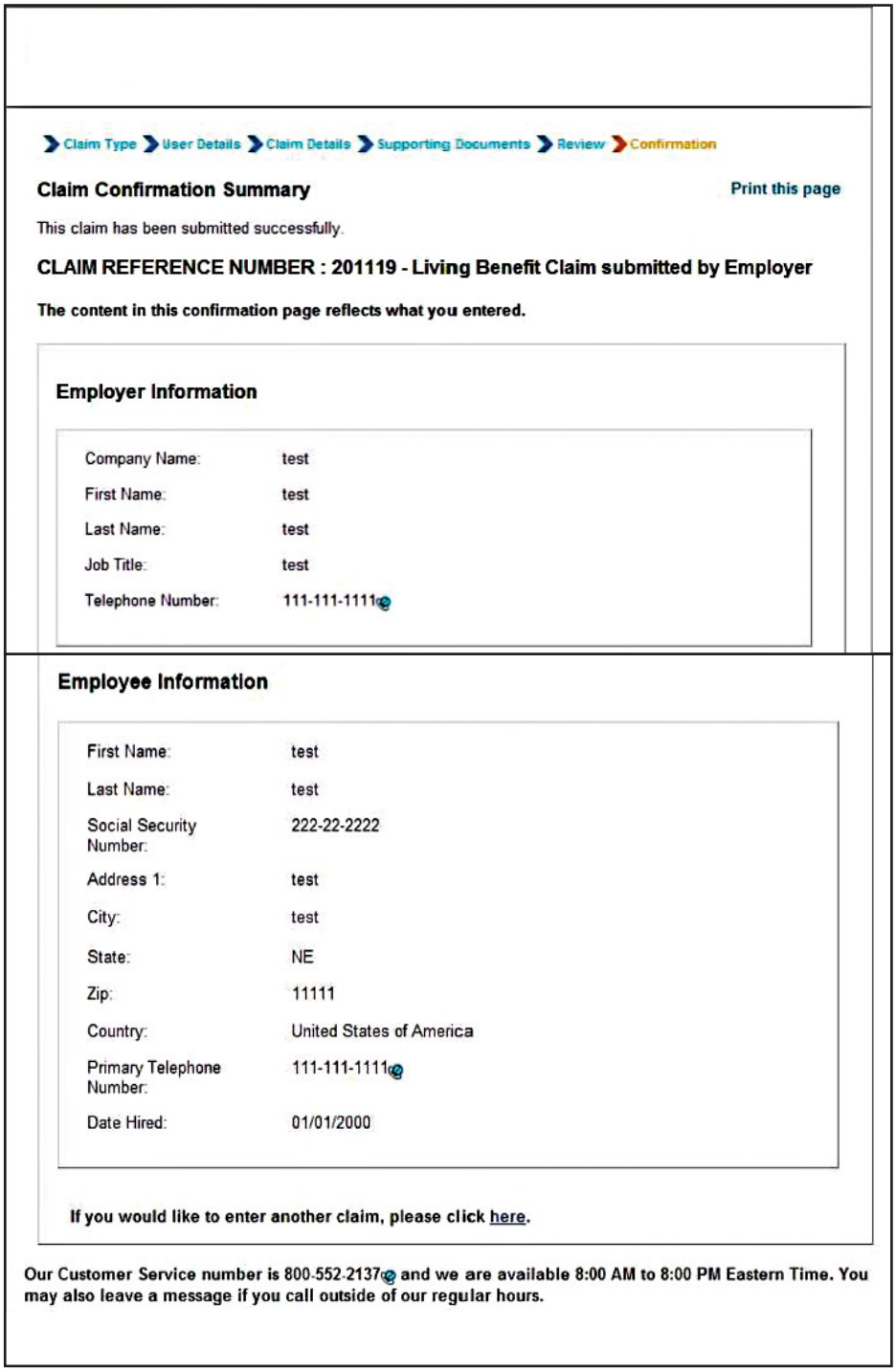
Company Name:	test
First Name:	test
Last Name:	test
Job Title:	test
Telephone Number:	111-111-1111

Employee Information

First Name:	test
Last Name:	test
Social Security Number:	222-22-2222
Address 1:	test
City:	test
State:	NE
Zip:	11111
Country:	United States of America
Primary Telephone Number:	111-111-1111
Date Hired:	01/01/2000

If you would like to enter another claim, please click here.

Our Customer Service number is 800-552-2137 and we are available 8:00 AM to 8:00 PM Eastern Time. You may also leave a message if you call outside of our regular hours.



Claim Type › User Details › Claim Details › Supporting Documents › Review › Confirmation

Claim Confirmation Summary Print this page

This claim has been submitted successfully.

CLAIM REFERENCE NUMBER : 201119 - Living Benefit Claim submitted by Employer

The content in this confirmation page reflects what you entered.

Employer Information

Company Name:	test
First Name:	test
Last Name:	test
Job Title:	test
Telephone Number:	111-111-1111

Employee Information

First Name:	test
Last Name:	test
Social Security Number:	222-22-2222
Address 1:	test
City:	test
State:	NE
Zip:	11111
Country:	United States of America
Primary Telephone Number:	111-111-1111
Date Hired:	01/01/2000

If you would like to enter another claim, please click here.

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Submitting a living benefit/accelerated death benefit claim by mail, email, or fax

To file claims by mail, download the *Living Benefit Claim Form* at www.unicare.com. Complete the employer section then have the employee and the employee's physician complete their sections. Send all forms to:

Life Claims Service Center
P.O. Box 105448
Atlanta, GA 30348-5448

You may also fax everything to us at 1-877-305-3901 or send by email to lifeclaims@anthem.com.

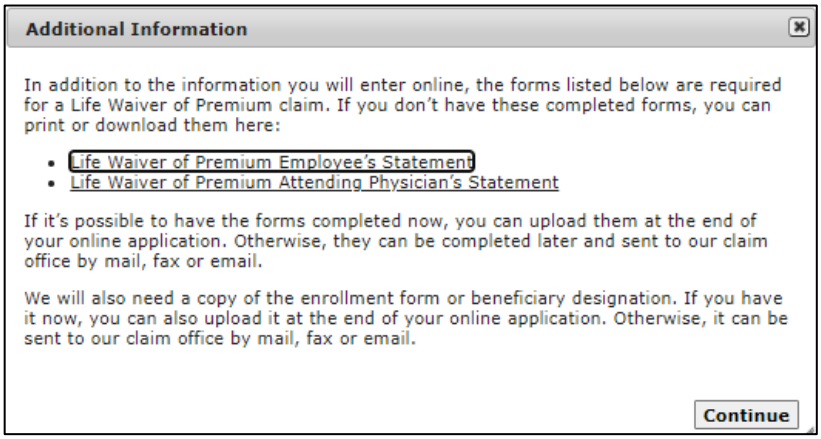
Please call the Life Claims Service Center at 1-800-813-5682 with any questions.

Submitting a life waiver of premium claim

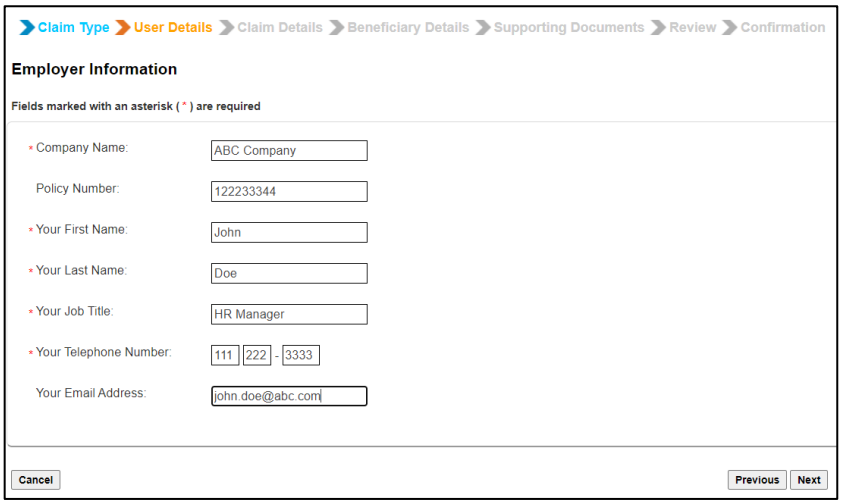
Submitting a life waiver of premium claim online

To submit claims online, go to https://myspecialtyappsanthem.com/Claims/UC. Select Life Waiver of Premium in the *Type of Claim* field and Employer in the *Type of User* field. Enter the characters you see in the bottom box, then click *Next*.

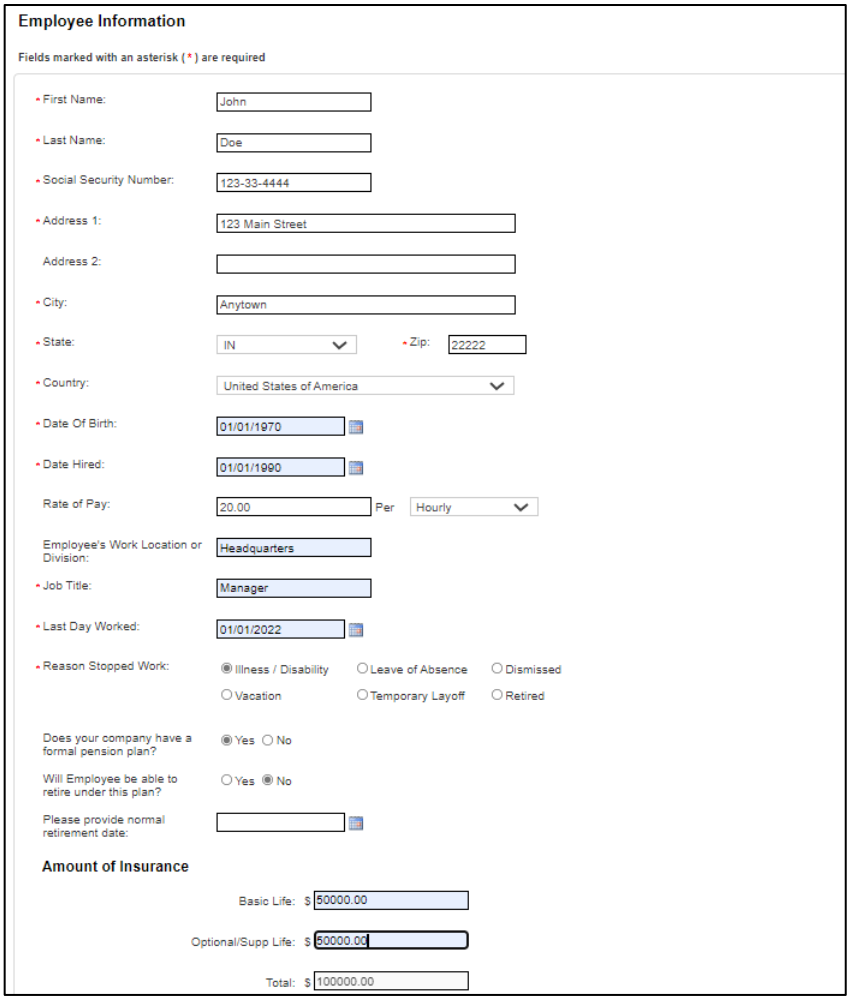
You can print the forms we need to process the life waiver of premium claim from this screen. Select the links to get fillable PDFs of the *Life Waiver of Premium Employee's Statement* and the *Life Waiver of Premium Attending Physician's Statement*. Click *Continue*.



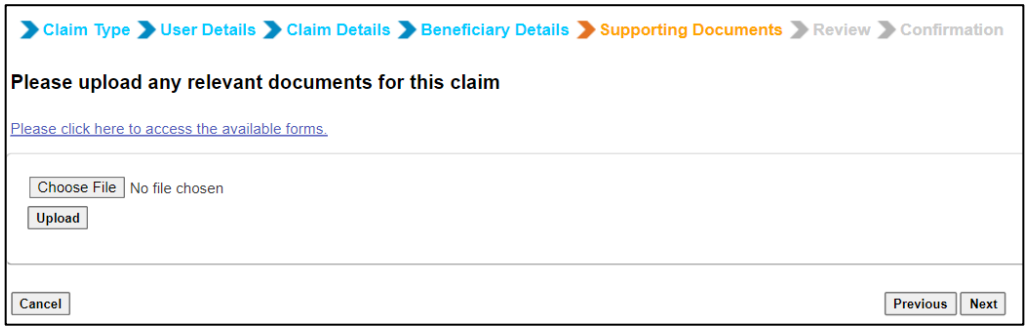
Enter your contact information on the *Employer Information* screen. Click *Next*.



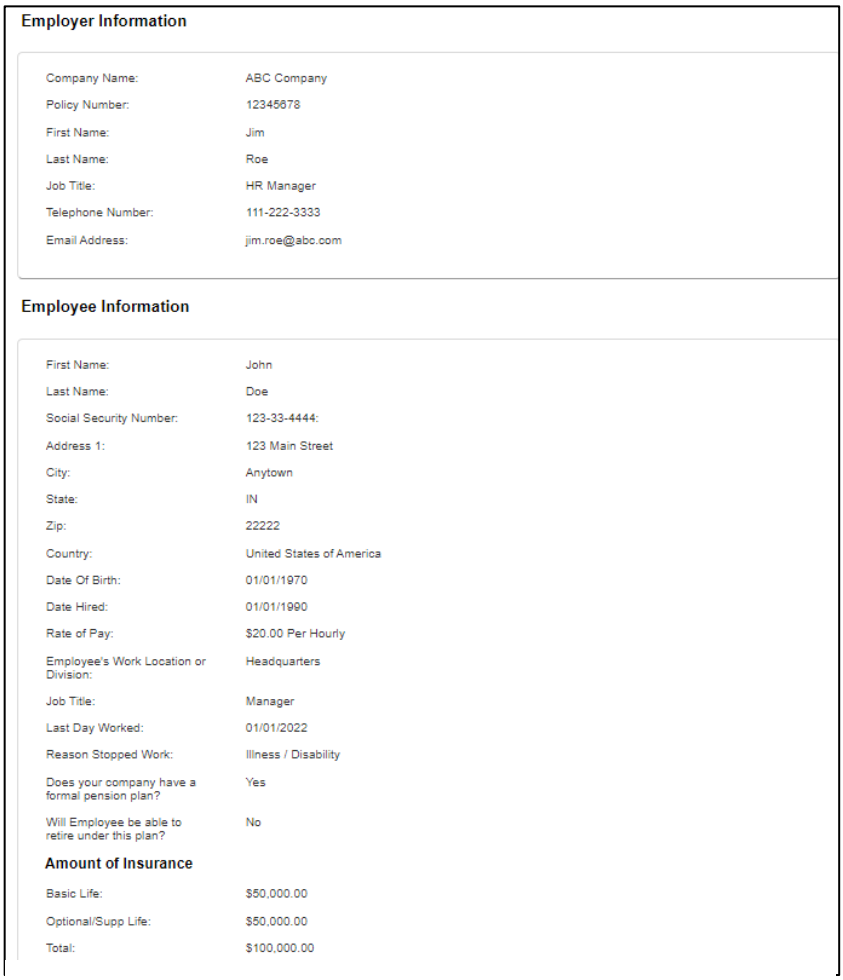
On the *Employee Information* screen, provide the information we need to begin processing the life waiver of premium claim. Click *Next.*



If you have completed forms at the time you enter the claim, you can scan them and upload them on this screen. For example, if you have the *Life Waiver of Premium Employee's Statement* or the *Life Waiver of Premium Attending Physician's Statement*, you can scan and attach them here. Click *Next.*



Next, you'll get confirmation of the information you entered and you'll agree to the legal statement so we can begin processing the claim. You can also enter your email address and we'll send you confirmation of all the information you entered. Click *Submit*.



Employer Information

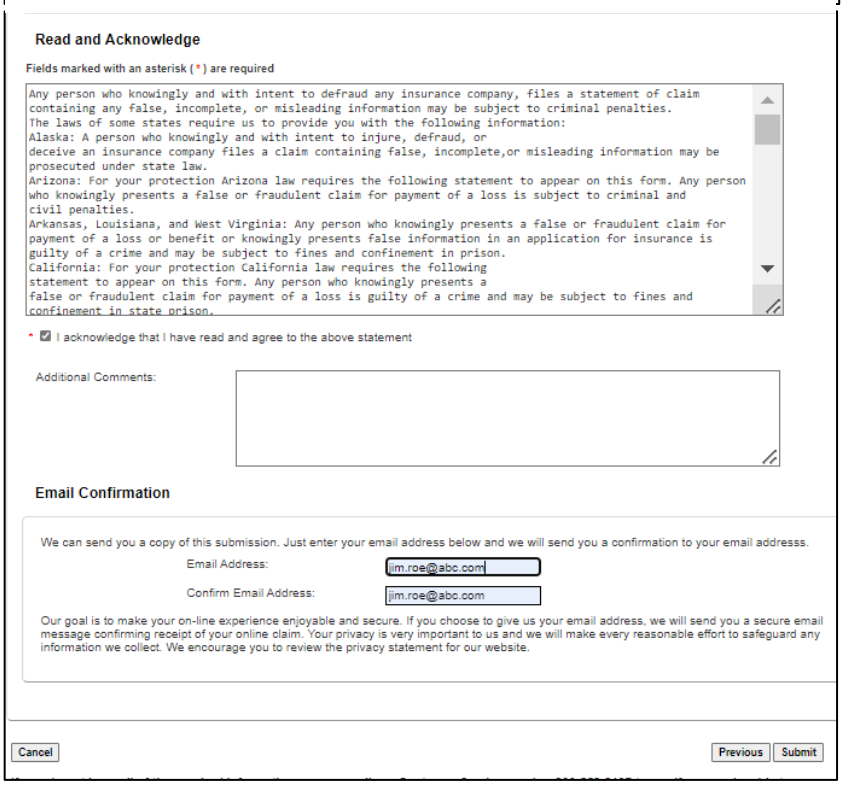
Company Name:	ABC Company
Policy Number:	12345678
First Name:	Jim
Last Name:	Roe
Job Title:	HR Manager
Telephone Number:	111-222-3333
Email Address:	jim.roe@abc.com

Employee Information

First Name:	John
Last Name:	Doe
Social Security Number:	123-33-4444:
Address 1:	123 Main Street
City:	Anytown
State:	IN
Zip:	22222
Country:	United States of America
Date Of Birth:	01/01/1970
Date Hired:	01/01/1990
Rate of Pay:	$20.00 Per Hourly
Employee's Work Location or Division:	Headquarters
Job Title:	Manager
Last Day Worked:	01/01/2022
Reason Stopped Work:	Illness / Disability
Does your company have a formal pension plan?	Yes
Will Employee be able to retire under this plan?	No

Amount of Insurance

Basic Life:	$50,000.00
Optional/Supp Life:	$50,000.00
Total:	$100,000.00



Read and Acknowledge

Fields marked with an asterisk (*) are required

Any person who knowingly and with intent to defraud any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal penalties.
The laws of some states require us to provide you with the following information:
Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete,or misleading information may be prosecuted under state law.
Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas, Louisiana, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California: For your protection California law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

* ☑ I acknowledge that I have read and agree to the above statement

Additional Comments:

Email Confirmation

We can send you a copy of this submission. Just enter your email address below and we will send you a confirmation to your email addresss.

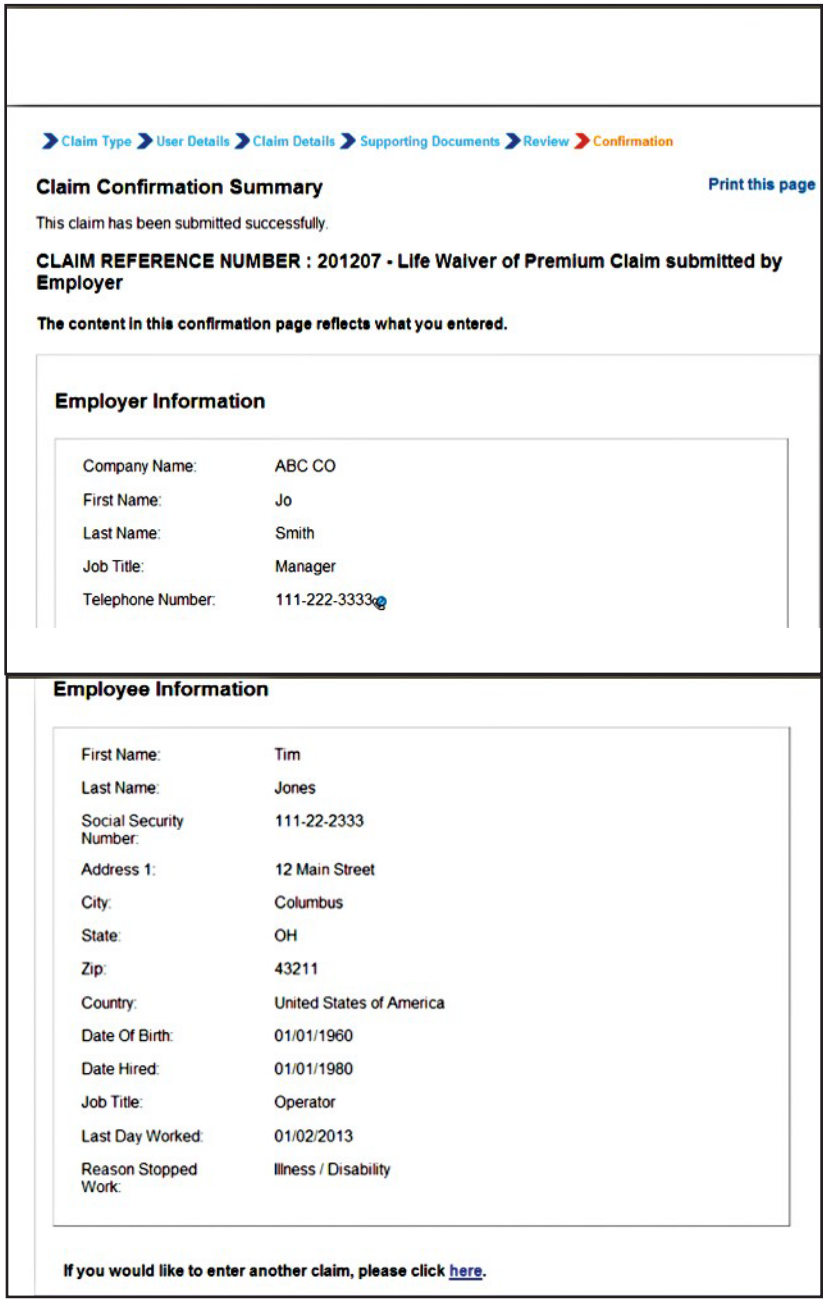
Email Address: jim.roe@abc.com

Confirm Email Address: jim.roe@abc.com

Our goal is to make your on-line experience enjoyable and secure. If you choose to give us your email address, we will send you a secure email message confirming receipt of your online claim. Your privacy is very important to us and we will make every reasonable effort to safeguard any information we collect. We encourage you to review the privacy statement for our website.

Cancel Previous Submit

Once the claim is complete, you'll get a confirmation summary showing all the information you entered. If you provided an email address on the previous screen, you'll also get a confirmation summary by email.



Claim Type > User Details > Claim Details > Supporting Documents > Review > Confirmation

Claim Confirmation Summary Print this page

This claim has been submitted successfully.

CLAIM REFERENCE NUMBER : 201207 - Life Waiver of Premium Claim submitted by Employer

The content in this confirmation page reflects what you entered.

Employer Information

Company Name:	ABC CO
First Name:	Jo
Last Name:	Smith
Job Title:	Manager
Telephone Number:	111-222-3333

Employee Information

First Name:	Tim
Last Name:	Jones
Social Security Number:	111-22-2333
Address 1:	12 Main Street
City:	Columbus
State:	OH
Zip:	43211
Country:	United States of America
Date Of Birth:	01/01/1960
Date Hired:	01/01/1980
Job Title:	Operator
Last Day Worked:	01/02/2013
Reason Stopped Work:	Illness / Disability

If you would like to enter another claim, please click here.

Submitting a life waiver of premium claim by mail, email, or fax

To file claims by mail, download the *LIFE WAIVER CLAIM FORM* at www.unicare.com. Complete the employer section,and then have the employee and the employee's physician complete their sections. Send all completed forms within 12 months of the date of disability to:

Life Claims Service Center
P.O. Box 105448
Atlanta, GA 30348-5448

You may also fax everything to us at 1-877-305-3901 or send an email to lifeclaims@anthem.com.
Please call the Life Claims Service Center at 1-800-813-5682 with any questions.

Submitting a short-term disability claim

For customers with administrative services only (ASO) disability plans, some of this information may not apply. Refer to your ASO Agreement for specific claim information.

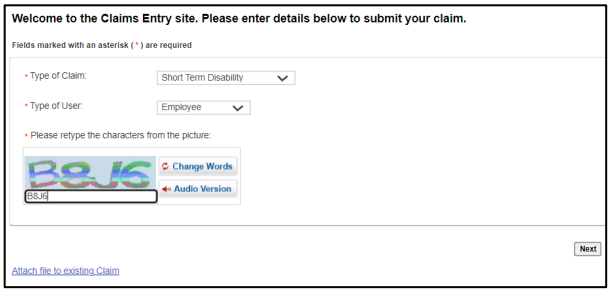
For customers with FML Administration and/or New York DBL PFL Administration, this section does not apply. See your Leave Claims Manual for instructions on how to file claims for both Leave and Short Term Disability.

Submitting short-term disability claims by phone

Employees can call us at 1-800-232-0113 to initiate their short-term disability claim.

Submitting short-term disability claims online

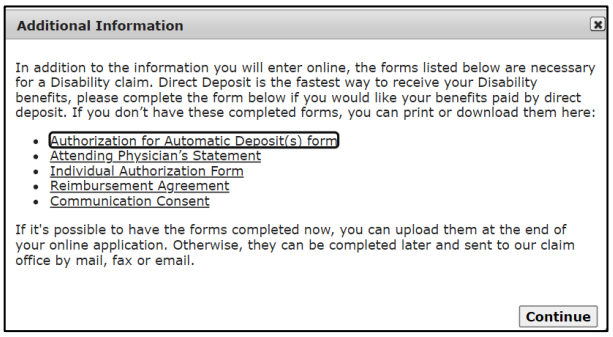
To submit claims online, go to https://myspecialtyappsanthem.com/Claims/UC. Select Short-Term Disability in the *Type of Claim* field and Employer in the *Type of User* field. Enter the characters you see in the bottom box, then click *Next*.



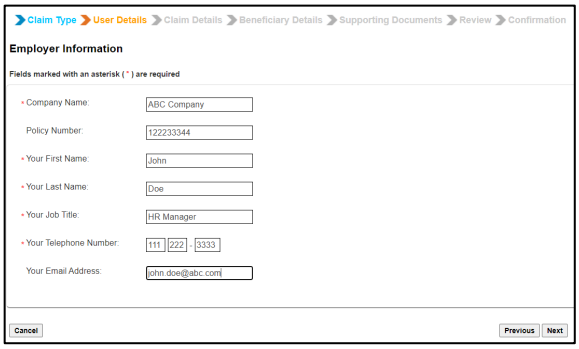
You can print the forms we need to process the short-term disability claim from this screen. Select the links to get fillable PDFs of the forms:

- *Authorization for Automatic Deposit(s) form*
- *Attending Physician's Statement*
- *Individual Authorization Form*
- *Reimbursement Agreement*
- *Communication Consent*

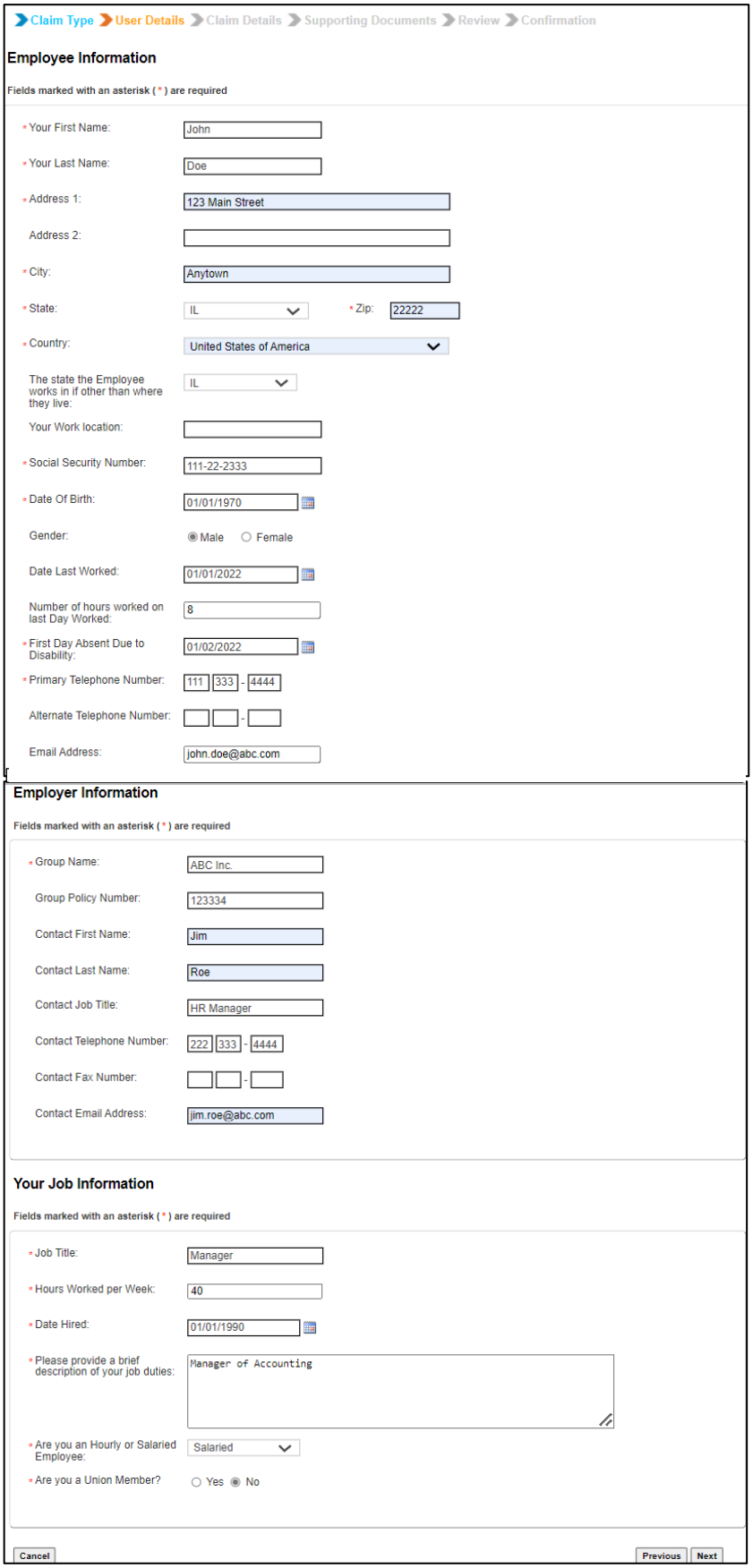
Click *Continue*.



Enter your contact information on the *Employer Information* screen. Click *Next*.



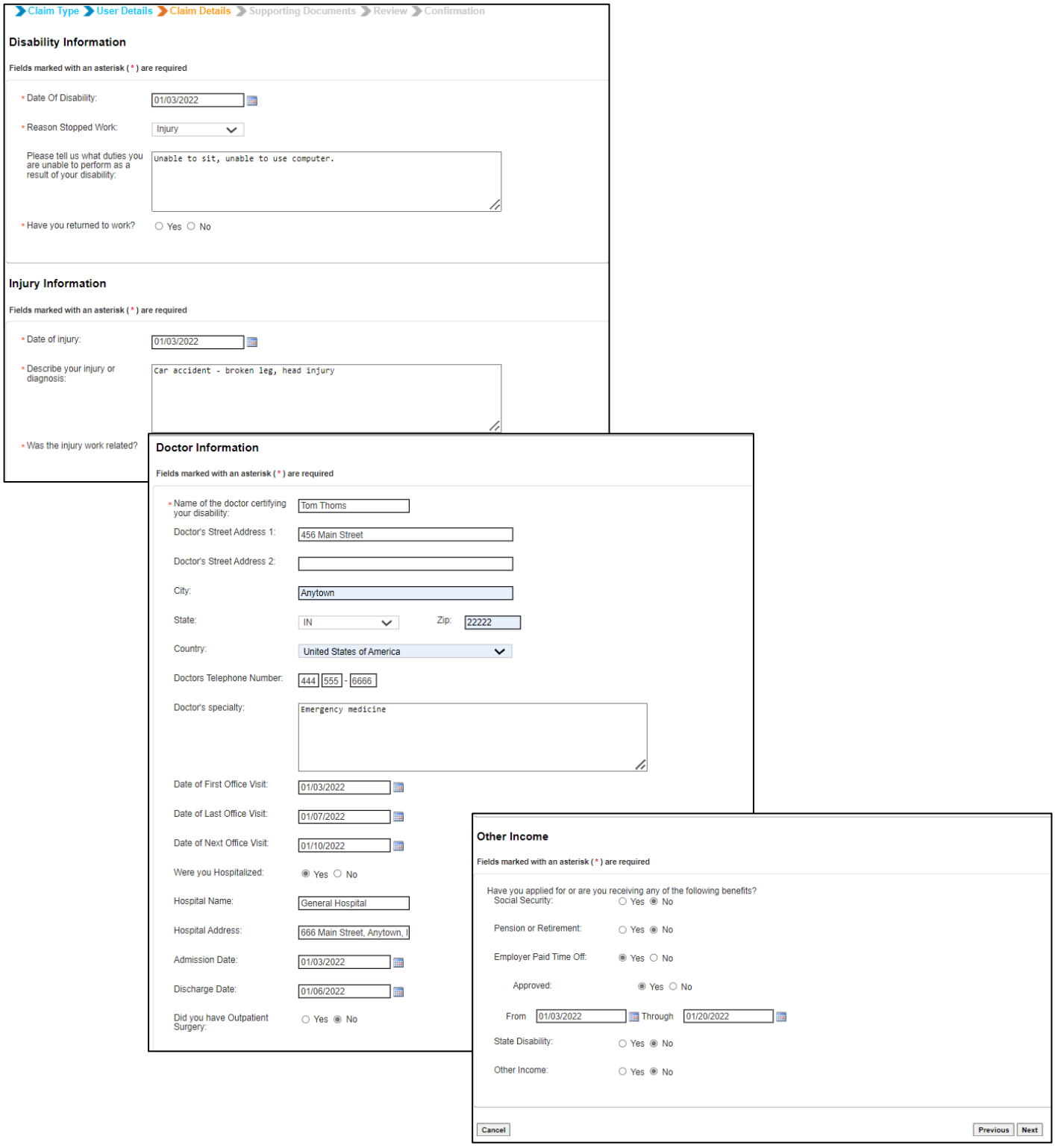
On the *Employee Information* screen, enter as much information as you have about the employee. Click *Next*.



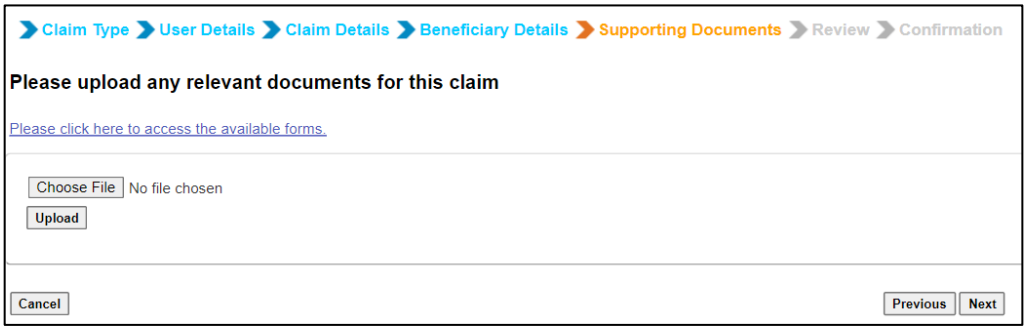
On the *Disability Information* screen, enter as much information as you can about the disabling condition. The questions will vary based on the reason the employee stopped work:

- Illness
- Injury
- Maternity
- Unknown

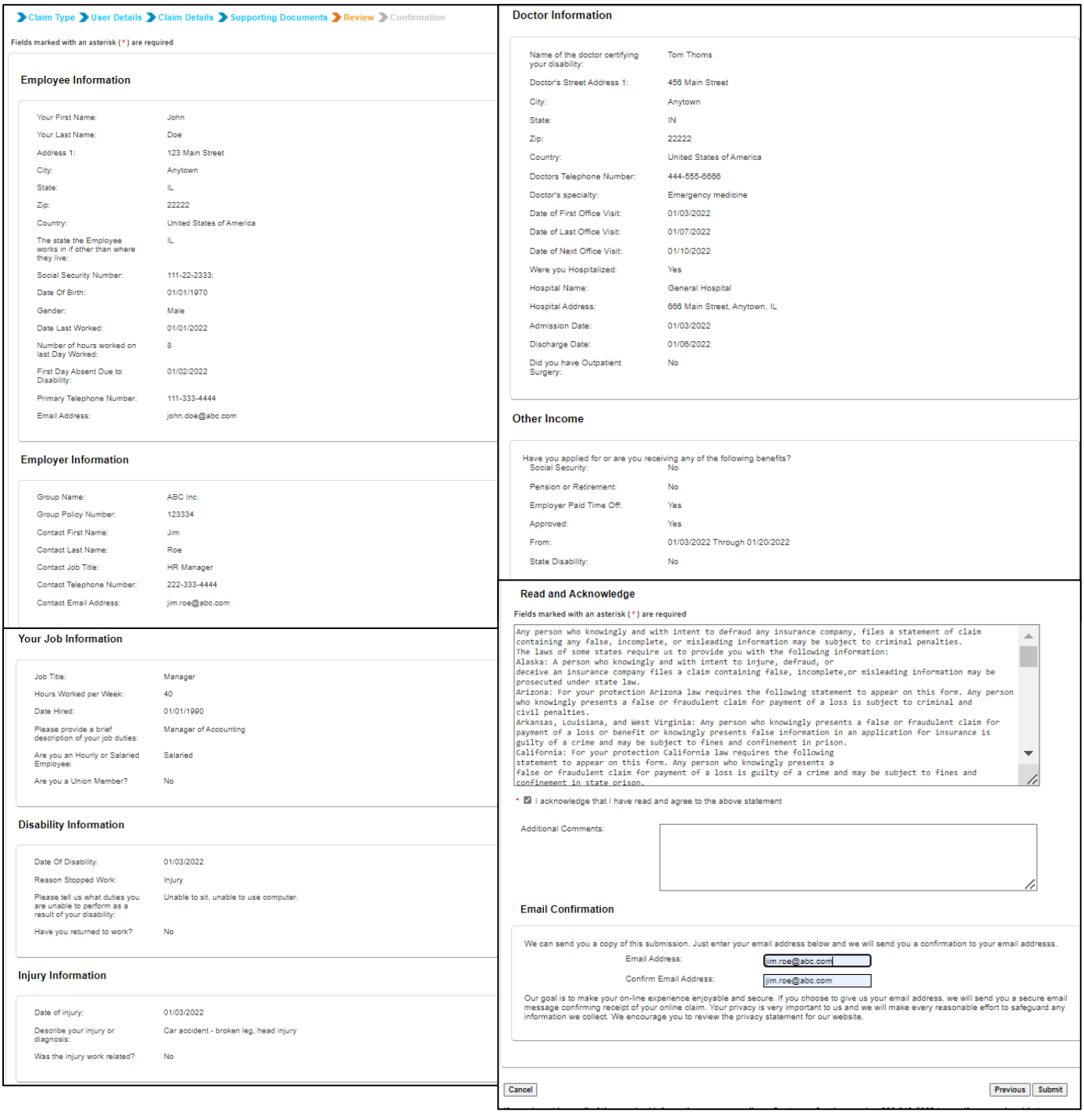
Click *Next*.



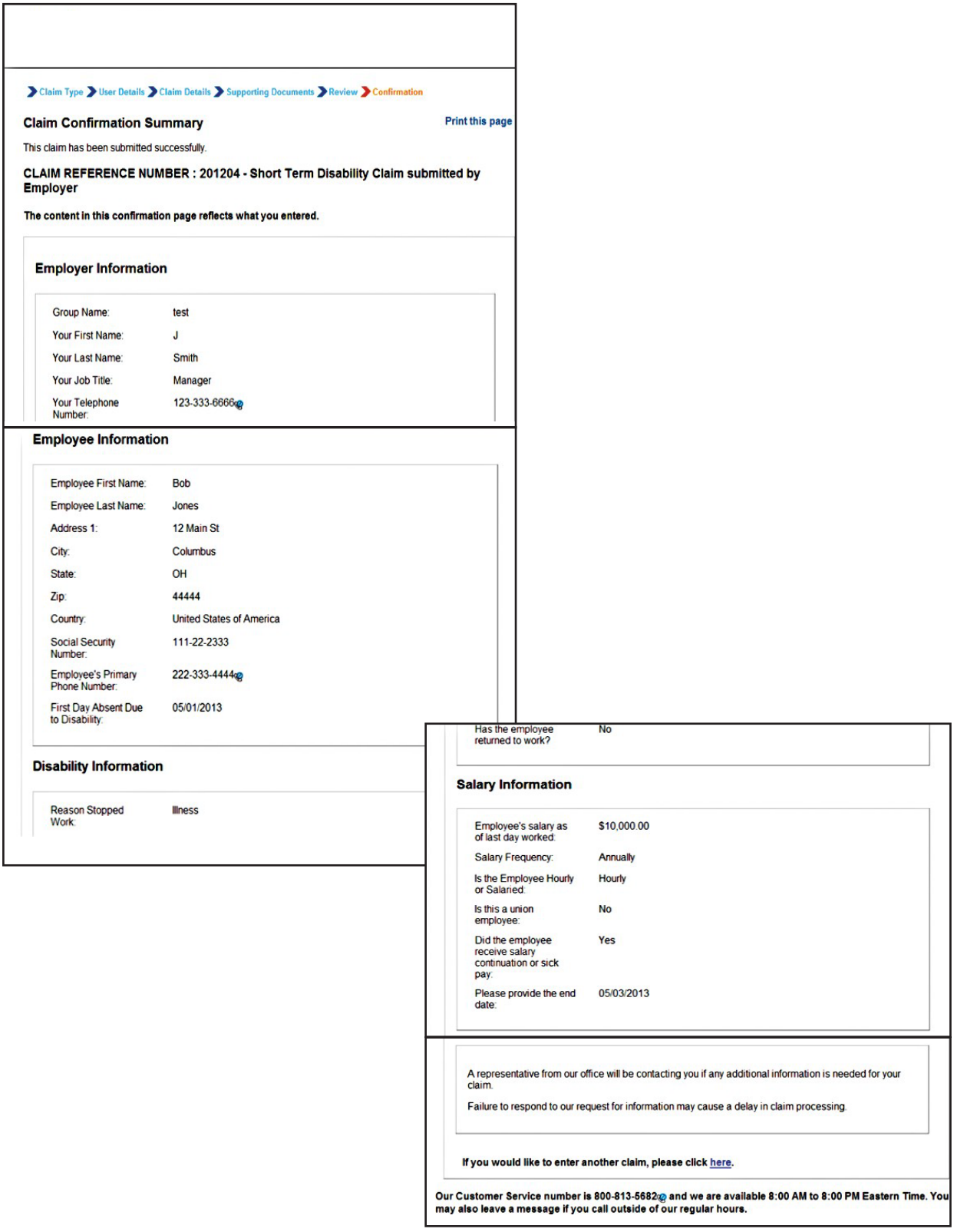
If you have completed forms at the time you enter the claim, such as the *Authorization for Automatic Deposit(s) form*, *Attending Physician's Statement*, the *Individual Authorization Form* and/or the *Reimbursement Agreement and Communication Consent*, you can scan and attach them here. Click *Next*.



Next, you'll get confirmation of the information you entered and agree to the legal statement so we can begin processing the claim. You can also enter your email address and we'll send you confirmation of all the information you entered.
Click *Submit.*



Once the claim is complete, you'll receive a confirmation summary showing all the information you entered. If you entered your email address on the previous screen, you'll also get a confirmation summary by email.



Claim Type > User Details > Claim Details > Supporting Documents > Review > Confirmation

Claim Confirmation Summary Print this page

This claim has been submitted successfully.

CLAIM REFERENCE NUMBER : 201204 - Short Term Disability Claim submitted by Employer

The content in this confirmation page reflects what you entered.

Employer Information

Group Name:	test
Your First Name:	J
Your Last Name:	Smith
Your Job Title:	Manager
Your Telephone Number:	123-333-6666

Employee Information

Employee First Name:	Bob
Employee Last Name:	Jones
Address 1:	12 Main St
City:	Columbus
State:	OH
Zip:	44444
Country:	United States of America
Social Security Number:	111-22-2333
Employee's Primary Phone Number:	222-333-4444
First Day Absent Due to Disability:	05/01/2013

Disability Information

Reason Stopped Work:	Illness
Has the employee returned to work?	No

Salary Information

Employee's salary as of last day worked:	$10,000.00
Salary Frequency:	Annually
Is the Employee Hourly or Salaried:	Hourly
Is this a union employee:	No
Did the employee receive salary continuation or sick pay:	Yes
Please provide the end date:	05/03/2013

A representative from our office will be contacting you if any additional information is needed for your claim.

Failure to respond to our request for information may cause a delay in claim processing.

If you would like to enter another claim, please click here.

Our Customer Service number is 800-813-5682 and we are available 8:00 AM to 8:00 PM Eastern Time. You may also leave a message if you call outside of our regular hours.

Submitting short-term disability claims by mail, email, or fax

To file claims by mail, download the *Short-term Disability Claim Form* at www.unicare.com. You can download the form and print it.

Complete the employer section, and then have the employee and the employee's physician complete their sections. Send all completed forms to:

Disability Claims Service Center
P.O. Box 105426
Atlanta, GA 30348-5426

You may also fax everything to us at 1-800-850-0017 or by email to disability@anthem.com. Please call the Disability Claims Service Centerwith any questions at 1-800-232-0113.

Short-term disability benefit payments

Short-term disability claims are then paid weekly unless you,the employer, requested an alternative payment schedule. Checks are mailed to the employee.

Failure to complete all employee, physician and employer questions for any claim could delay claim processing and determination.

Submitting a long-term disability claim

Short-term to long-term disability claims when both plans are with UniCare

When you have both short- and long-term disability plans with UniCare, your employees experience a seamless transition from short- to long-term disability benefits.

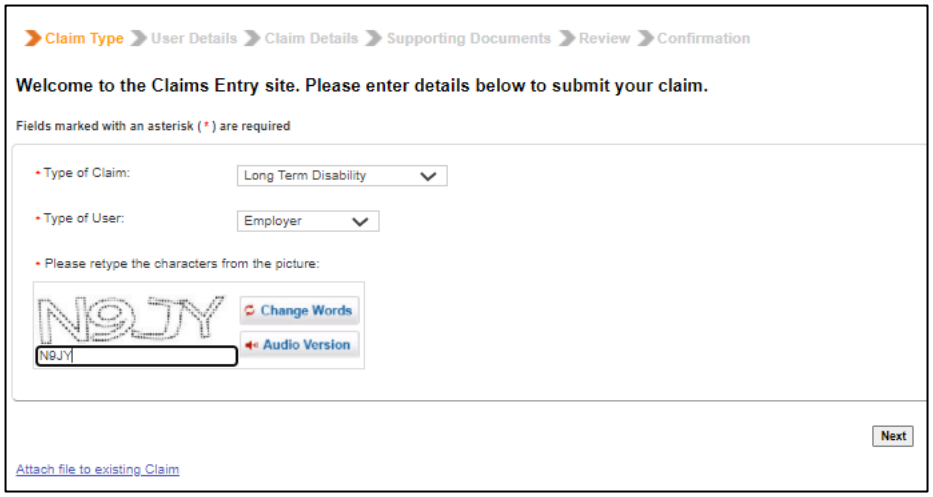
When it's evident that a disability leave will extend into long-term disability benefits, we begin gathering informationfor the transition 60 days before the end of the short-term disability period.

We work proactively with you, your employee and the employee's doctor, so the employee will have a continuousincome while he or she is unable to work.

Long-term disability claims when you have a different short-term disability carrier

Submitting long-term disability claims online

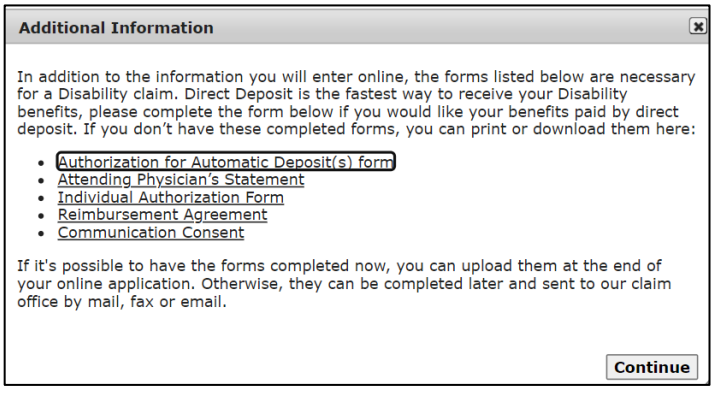
To submit claims online, go to https://myspecialtyappsanthem.com/Claims/UC. Select Long-Term Disability in the *Type of Claim* field and Employer in the *Type of User* field. Enter the characters you see in the bottom box, then click *Next*.



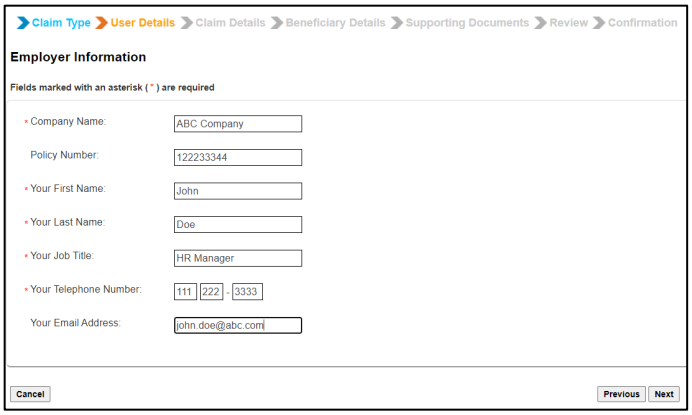
You can print the forms we need to process the long-term disability claim from this screen. Select the links to get fillable PDFs of the forms:

- *Authorization for Automatic Deposit(s) form*
- *Attending Physician's Statement*
- *Individual Authorization Form*
- *Reimbursement Agreement*
- *Communication Consent*

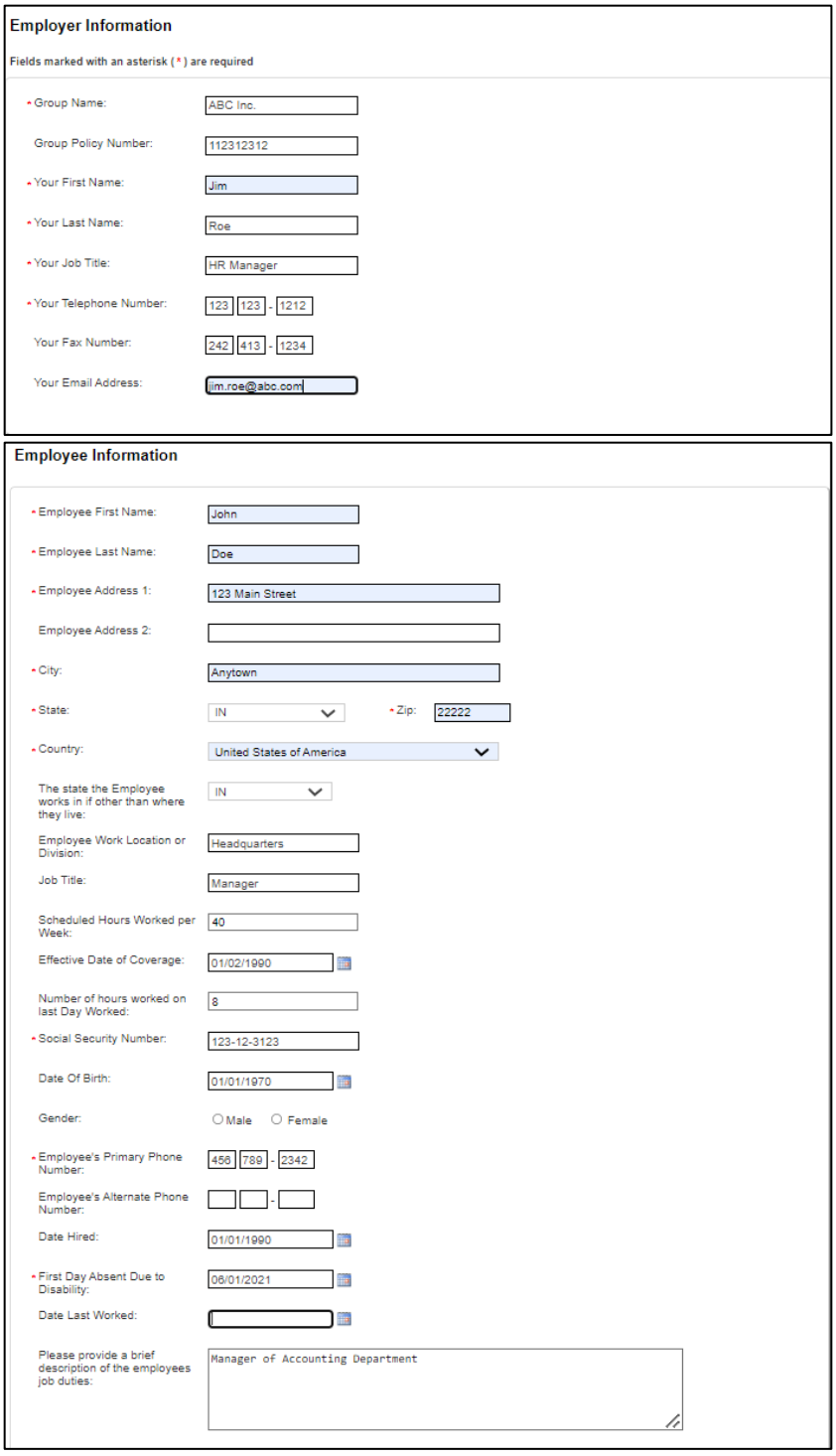
Click *Continue.*



Enter your contact information on the *Employer Information* screen. Click *Next*.



On the *Employee Information* screen, enter the employee's information. Click *Next*.



Employer Information

Fields marked with an asterisk (*) are required

* Group Name:	ABC Inc.
Group Policy Number:	112312312
* Your First Name:	Jim
* Your Last Name:	Roe
* Your Job Title:	HR Manager
* Your Telephone Number:	123 123 - 1212
Your Fax Number:	242 413 - 1234
Your Email Address:	jim.roe@abc.com

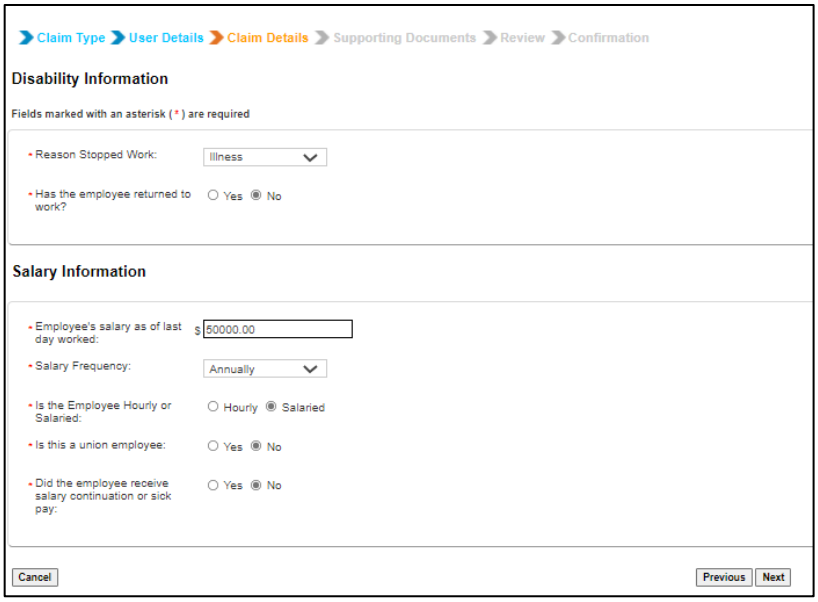
Employee Information

* Employee First Name:	John
* Employee Last Name:	Doe
* Employee Address 1:	123 Main Street
Employee Address 2:	
* City:	Anytown
* State:	IN
* Zip:	22222
* Country:	United States of America
The state the Employee works in if other than where they live:	IN
Employee Work Location or Division:	Headquarters
Job Title:	Manager
Scheduled Hours Worked per Week:	40
Effective Date of Coverage:	01/02/1990
Number of hours worked on last Day Worked:	8
* Social Security Number:	123-12-3123
Date Of Birth:	01/01/1970
Gender:	Male Female
* Employee's Primary Phone Number:	456 789 - 2342
Employee's Alternate Phone Number:	-
Date Hired:	01/01/1990
* First Day Absent Due to Disability:	06/01/2021
Date Last Worked:	
Please provide a brief description of the employees job duties:	Manager of Accounting Department

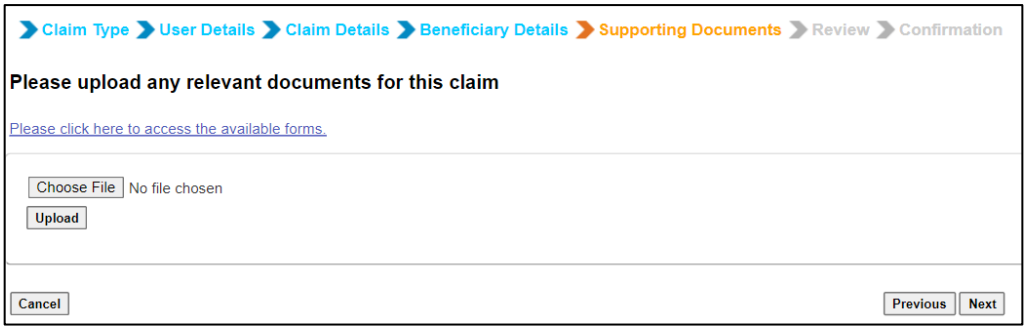
On the *Disability Information* screen, enter as much information as you can about the disabling condition. The questions will vary based on the reason the employee stopped work:

- Illness
- Injury
- Maternity
- Unknown

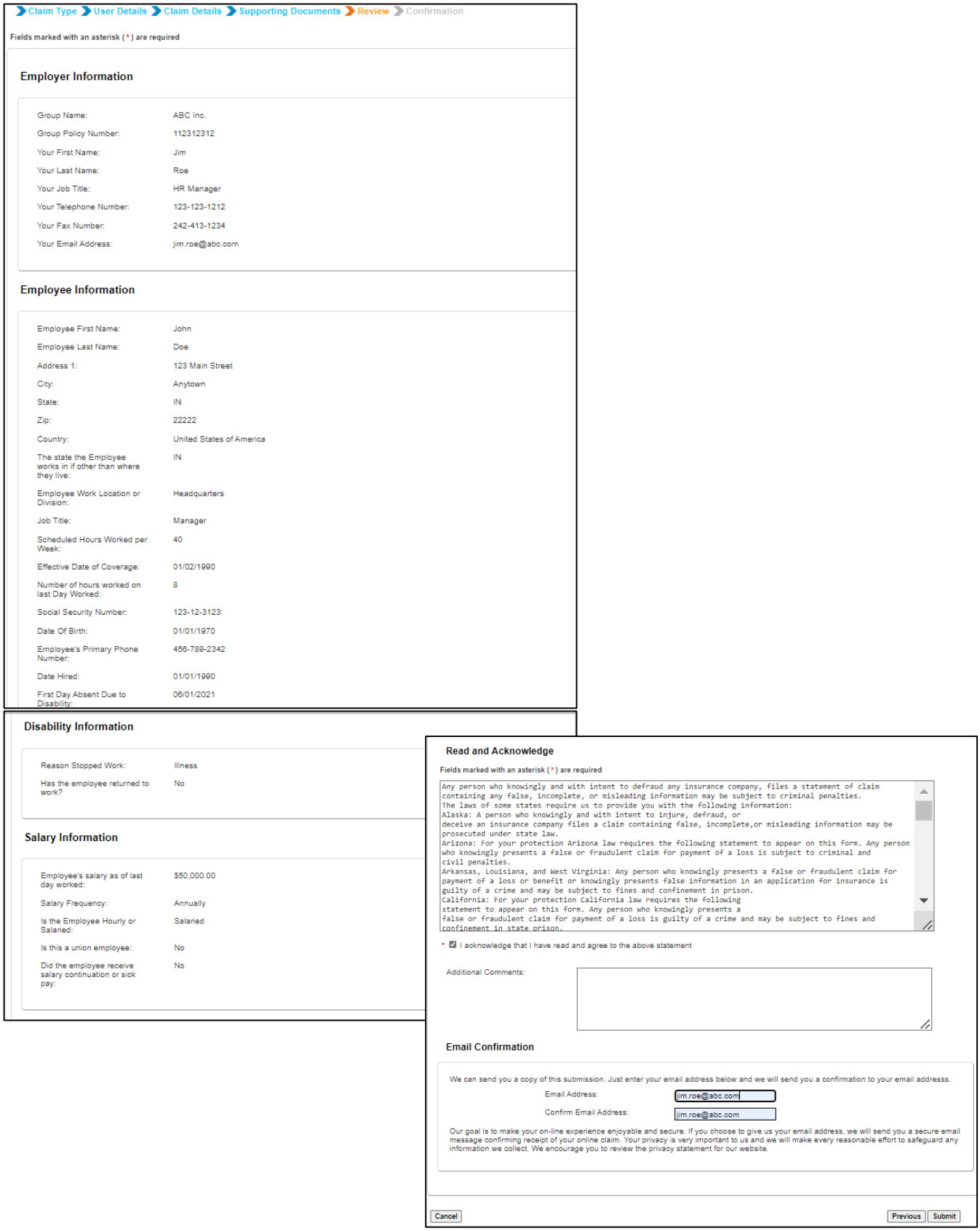
Click *Next*.



If you have completed forms at the time you enter the claim, such as the *Authorization for Automatic Deposit(s) form*, *Attending Physician's Statement*, the *IndividualAuthorization Form* and/or the *Reimbursement Agreement and Communication Consent*, you can scan and attach them here. Click *Next*.



Next, you'll get confirmation of the information you entered and agree to the legal statement so we can begin processing the claim. You can also enter your email address and we'll send you confirmation of all the information you entered. Click *Submit*.



Submitting long-term disability claims by mail, email, or fax

To file claims by mail or fax, download the Long-Term Disability Claim Form at www.unicare.com.

Complete the employer section, and then have the employee and the employee's physician complete their sections. If the claimant has more than one treating physician, give the claimant extra forms to complete.

All portions of the Long-Term Disability Claim Form package must be completed to avoid any delay in processing the claimant's request for benefits.

Send completed forms to:

Disability Claims Service Center
P.O. Box 105426
Atlanta GA 30348-5426

Phone: 1-800-232-0113

Fax: 1-800-850-0017

Email: **disability@anthem.com**

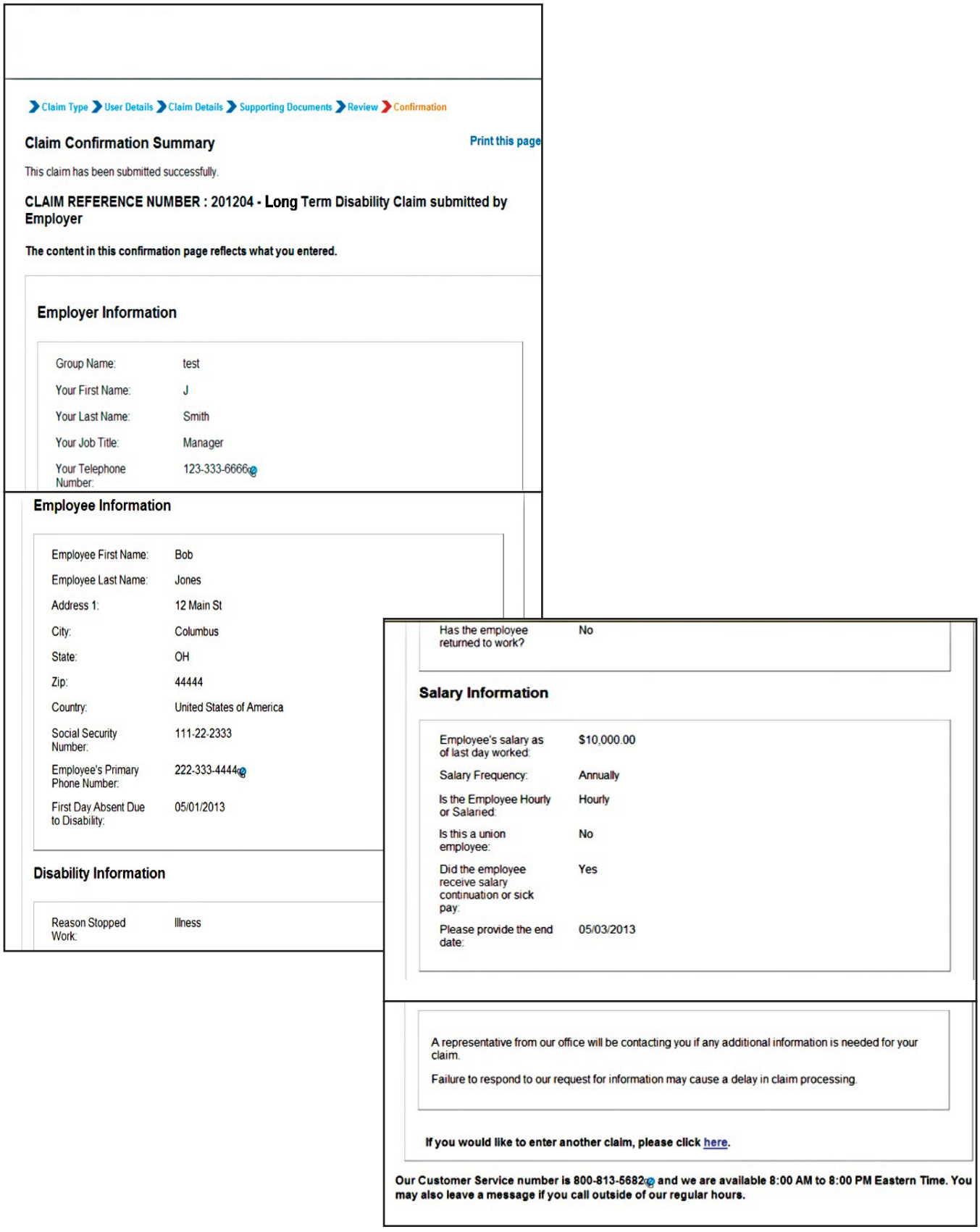
Long-term disability benefit payments

We make monthly payments for approved long-term disability claims unless the employer requested an alternate payment schedule. Checks are mailed to the employee.

We will ask for evidence of continued disability to determine ongoing eligibility for benefits.

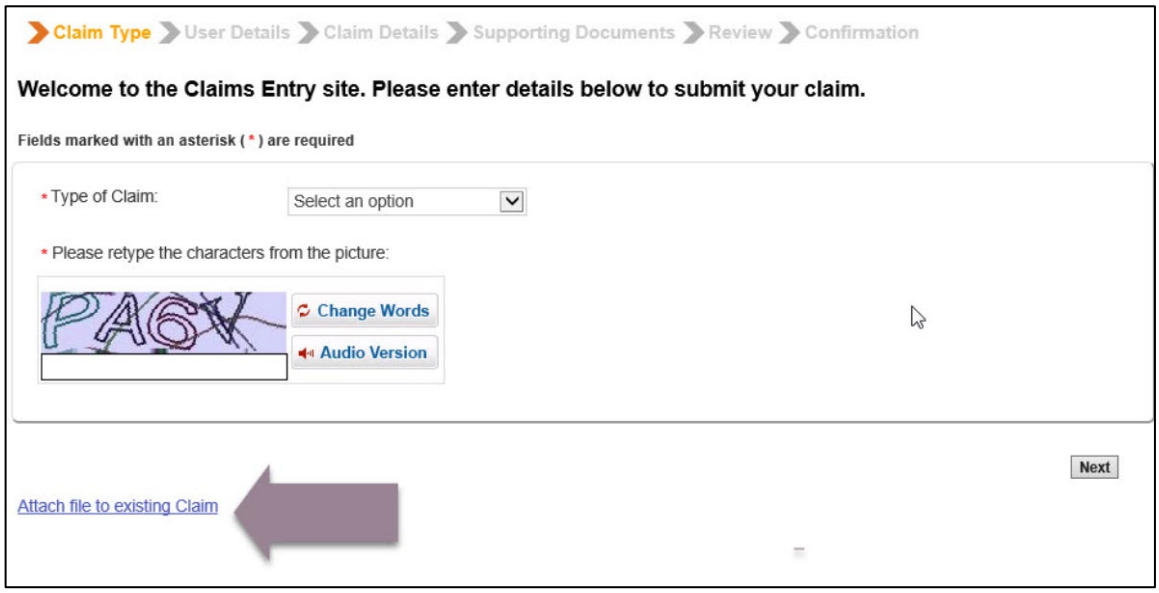
Failure to complete all employee, physician and employer questions for any claim could delay claim processing and determination.

Once the claim is complete, you'll receive a confirmation summary showing all the information you entered. If you entered your email address on the previous screen, you'll also get a confirmation summary by email.

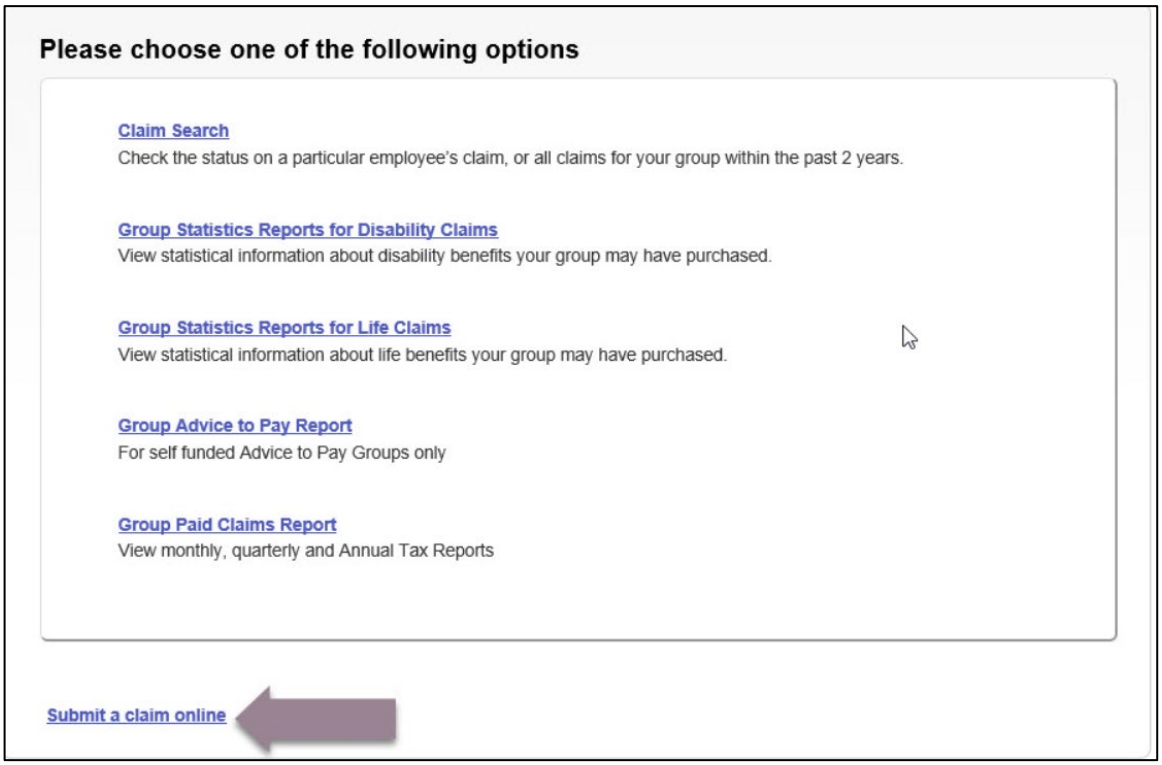


Attaching documents to an existing claim

You can add additional information to an existing claim. You must wait 24 hours after you submitted the claim online to attach additional documents to it. Go to https://myspecialtyappsanthem.com/Claims/UC and click on *Attach file to existing Claim.*

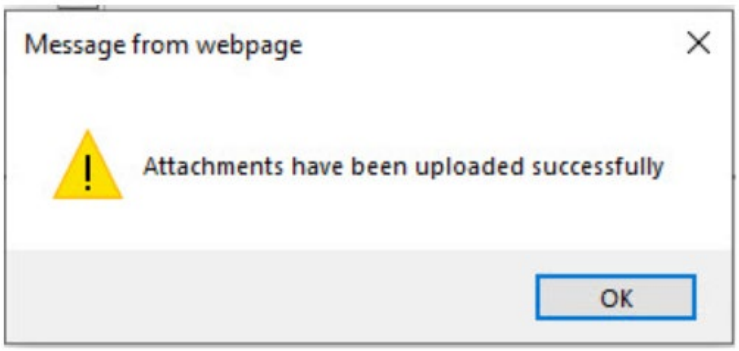


You can also access the screen to add additional information to an existing claim on the **Please choose one of the following options** screen. Select Submit a Claim online, then click on *Attach file to existing Claim.*



You will need the *Claim Number* or Claim *Reference Number* and the employee's date of birth. Also select the *User Type*. Click *Browse* to find the file you want to attach to the claim, then click *Upload*. Click *Submit*.

You'll get a confirmation showing that the documents uploaded successfully. Click *OK*.



Claim appeal procedures

For customers with administrative services only (ASO) disability plans, some of this information may not apply. Refer to your ASO Agreement for specific claim information.

If we deny a claim, the claimant/beneficiary, or someone acting on his or her behalf, can appeal the decision. Appeals must be submitted in writing and include the reason we should reconsider the claim decision. The person asking for the appeal also can submit additional documents or information relevant to the claim. For some benefit types, there may be a limit to the time allowed for filing an appeal. See the contract for important details on appealing a denied claim.

For disability claims

Send appeal letters to:

Disability Claims Service Center
Attn: Appeal Coordinator
P.O. Box 105426
Atlanta, GA 30348-5426

For life claims

Send appeal letters to:

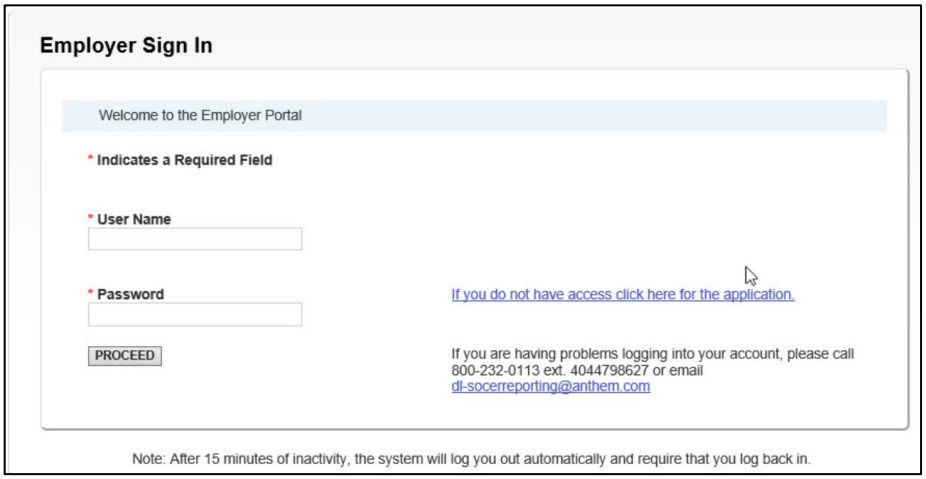
Life Claims Service Center
Attn: Appeal Coordinator
P.O. Box 105448
Atlanta, GA 30348-5448

Checking claim status

You can check the status of claims submitted for your employees online using the secure portal: https://myspecialtyappsanthem.com/benadmin/Account/logon/unicare. You can check status online no matter how the claim was submitted – online, by mail, email, or fax.

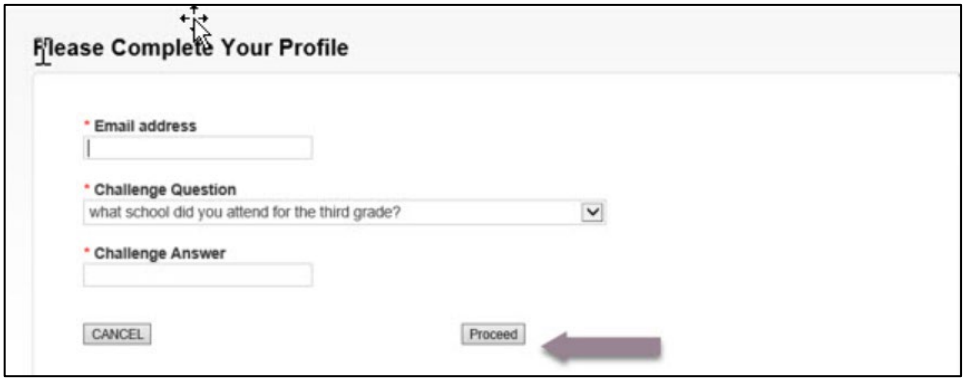
We'll provide a username and temporary password for you upon receipt of your completed *Online Claims Reporting/Status Check Application Registration Form*. See page three for directions on how to access the *Online Claims Reporting/Status Check Application Registration Form* and how to submit it to us. Only group administrators or their designated representative can check claim status. Employees do not have access.

Enter your User Name and Password. Click *Proceed*.

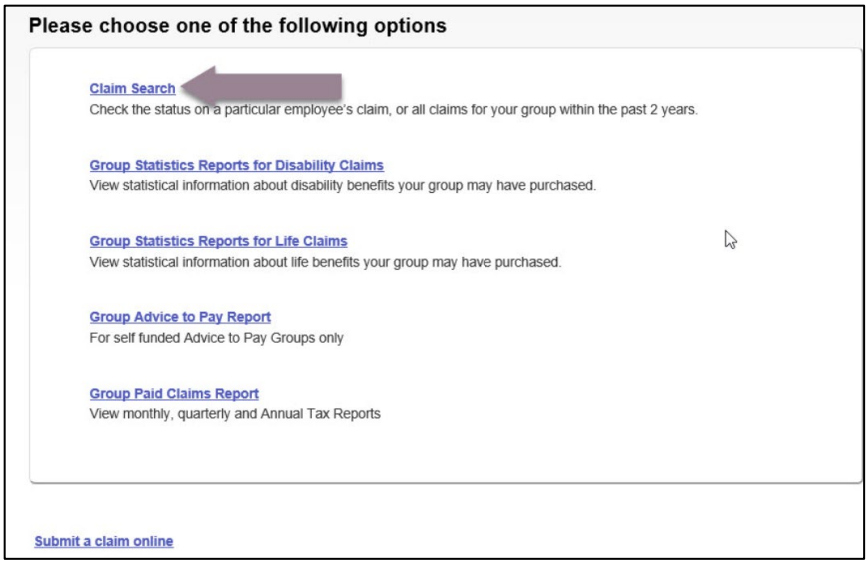


The first time you log on with your temporary password, you'll be prompted to change your password. You'll then get confirmation that your password was changed.

The first time you log on, you'll also need to complete your profile. Enter the information and click *Proceed.*



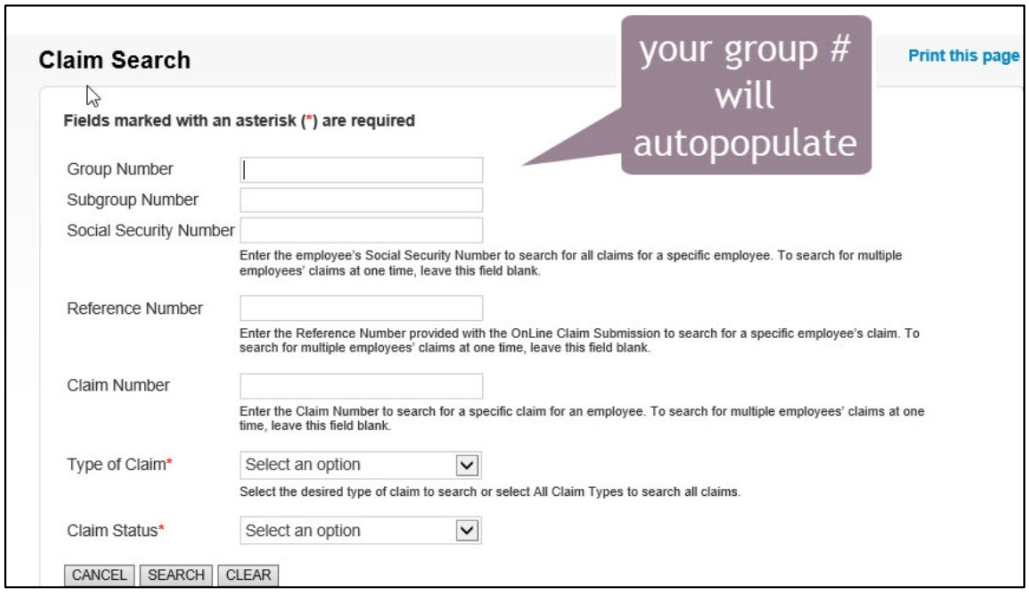
To check the status of submitted claims, select Claim Search.



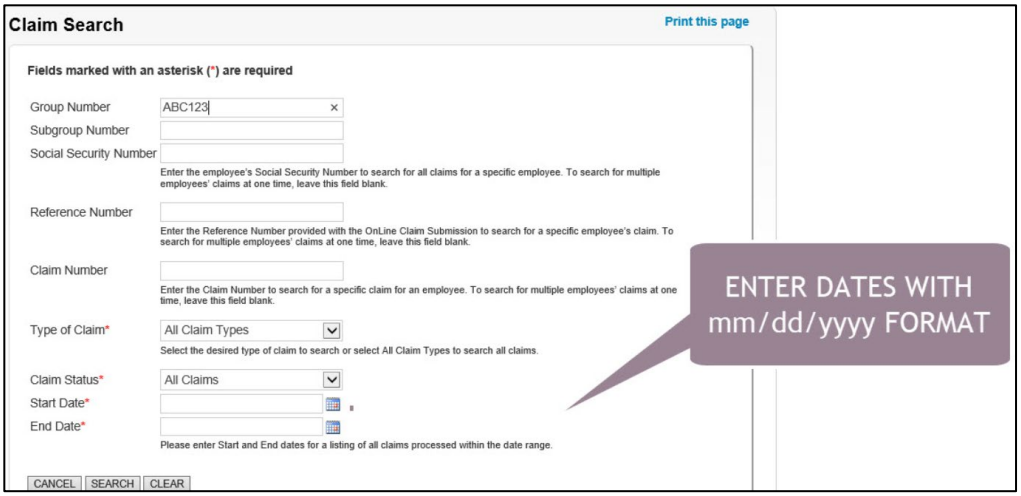
You can search for a claim by:

- Social Security number.
- Reference number — the number provided when the claim was entered online.
- Claim number — assigned by us.
- Type of claim.
- Claim status.

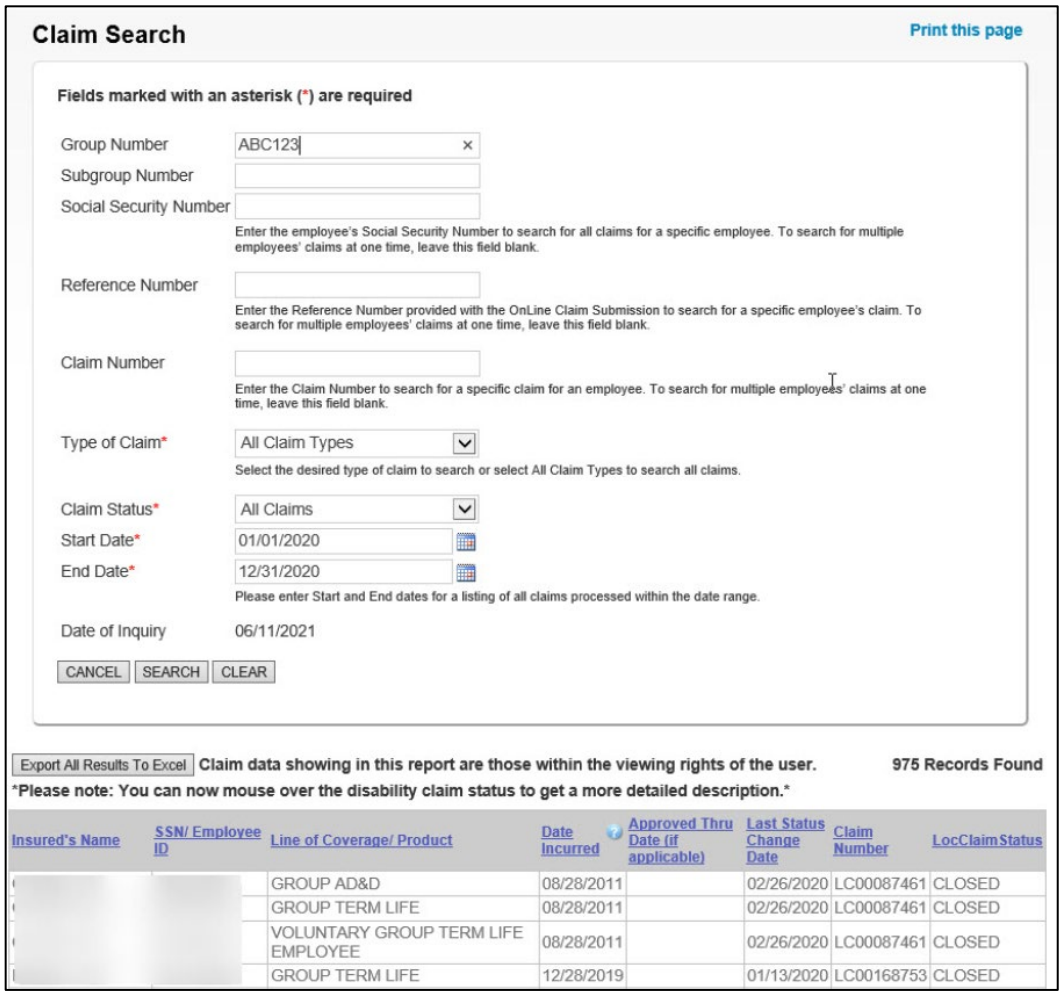
Only the Group Number, *Type of Claim, Claim Status* fields, and date range information is required. Click *Search*.



You can search for open claims, closed claims or all claims for your group. Click *Search*.



You can review claims online or export the claims report to Excel. To export the report to Excel, select the *Export All Results to Excel* button above the list of claims. You can hold your mouse over the *Claim Status* to get further information on the status.



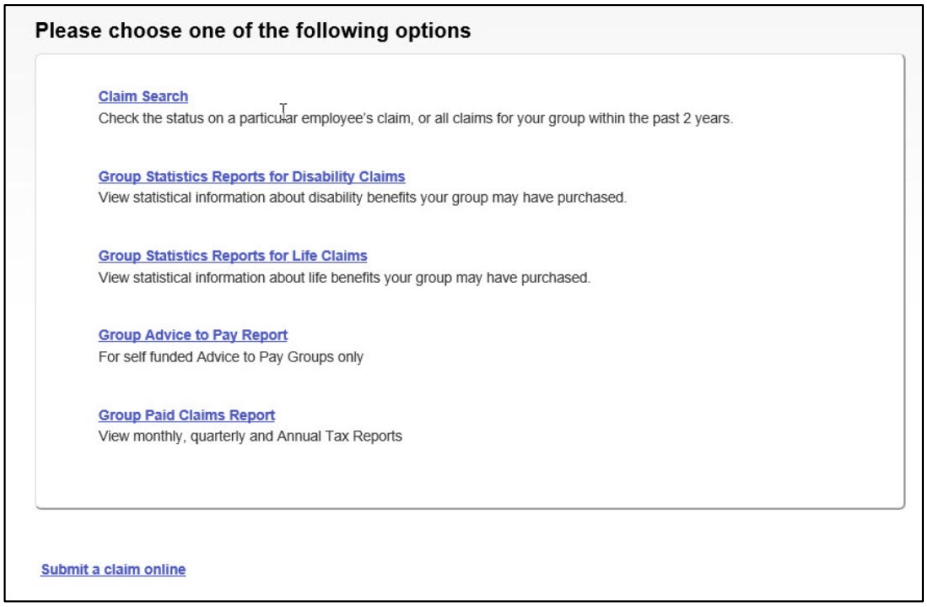
Getting reports

You can get reports of your group's life and/or disability claims. For groups with Administrative Services Only Short-Term Disability Advice to Pay or Financial Advice to Pay plans, you can also get your Advice to Pay (ATP) claim reports.

You can access claims reports on the secure portal: https://myspecialtyappsanthem.com/benadmin/Account/logon/alic.

Only group administrators or their designated representatives can access statistics reports. Employees don't have access to reports.

To access disability claims reports, select Group Statistics Reports for Disability Claims. To access life claims reports, select Group Statistics Reports for Life Claims. For self-funded Advice to Pay groups only, to access ATP claim reports, select Group Advice to Pay Report. To access paid claims reports, select Group Paid Claims Report.



To search the *Group Statistics Reports for Disability Claims* status page:

- Enter the range of dates you'd like to search in the *Start Date* and *End Date* fields.
- Select *Search*.

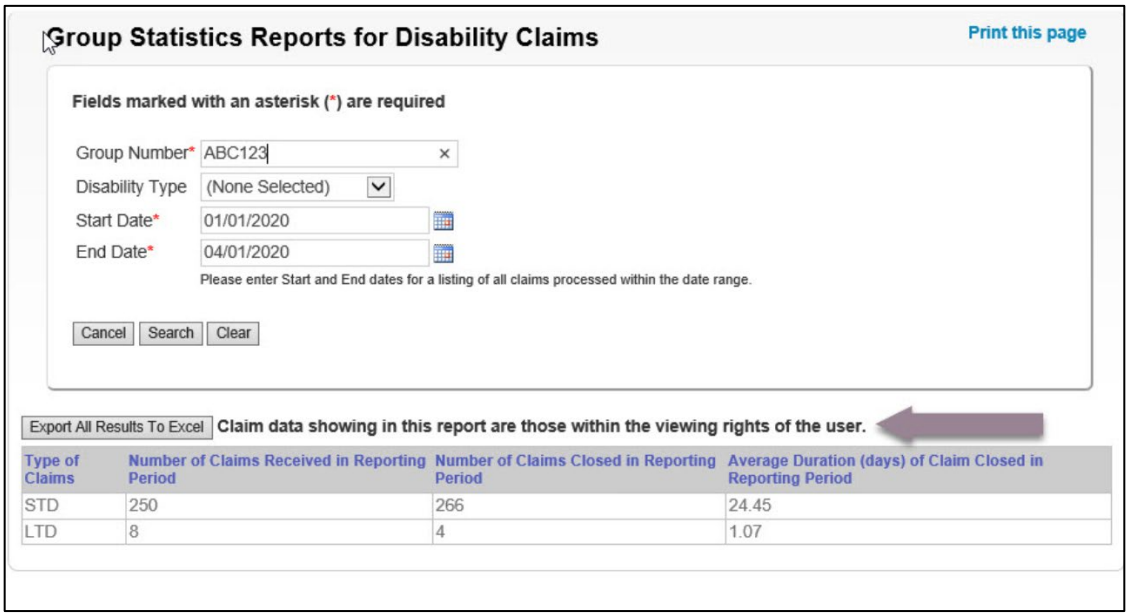
Searches will display 12 months of results.

Select the claim type you want from the *Claim Type* drop-down box: *Short-term disability* or *Long-term disability.*

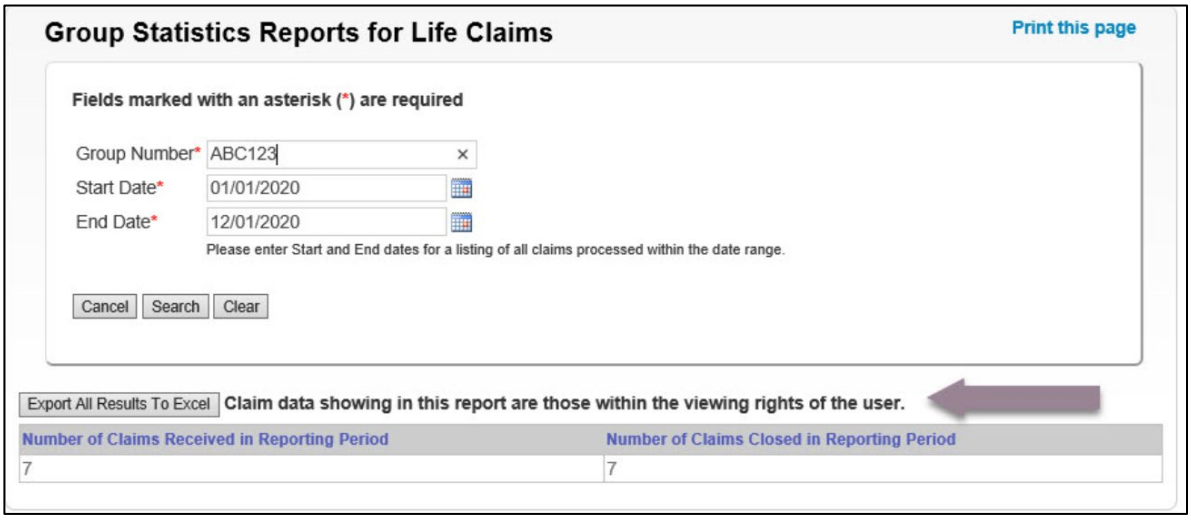
Enter the range of dates you'd like to search in the *Start Date* and *End Date* fields, then select *Search*.

You can review the report online or export the full report to Excel. To export it to Excel, select *Export All Results to Excel* above the list of claims.

Here's a sample group statistics report for disability claims.



Here's a sample group statistics report for life claims.

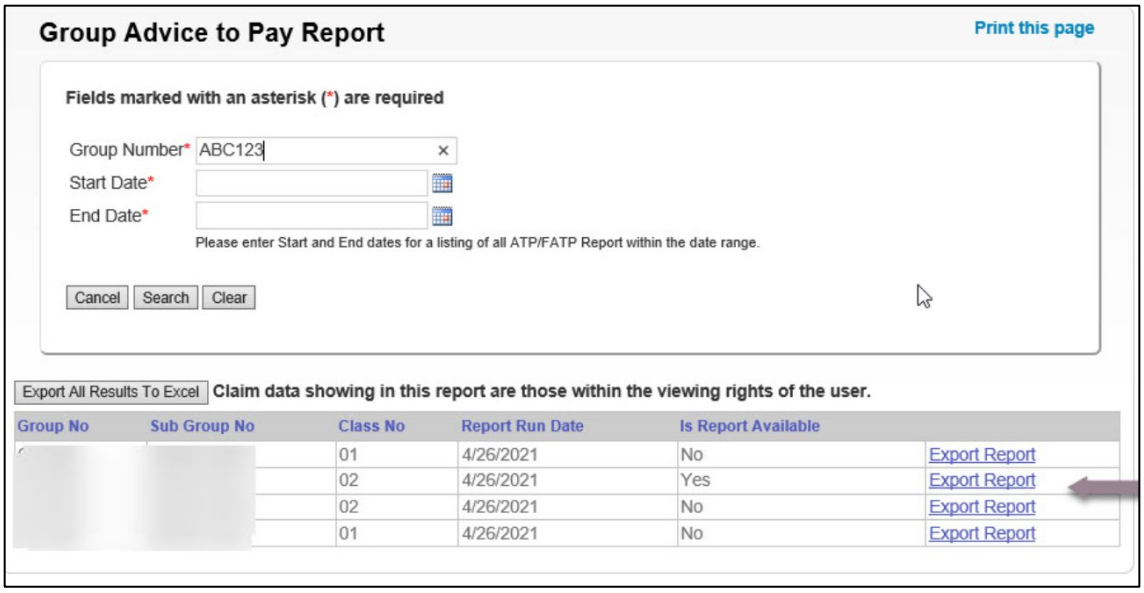


Advice to Pay groups only

You can access your self-funded Advice to Pay reports on the secure portal: https://myspecialtyappsanthem.com/benadmin/Account/logon/unicare. For self-funded Advice to Pay groups only, to access ATP claim reports, select *Group Advice to Pay Report*.

Your current and recent reports are shown on this screen. You can view and export the full report to Excel by selecting *Export Report*.

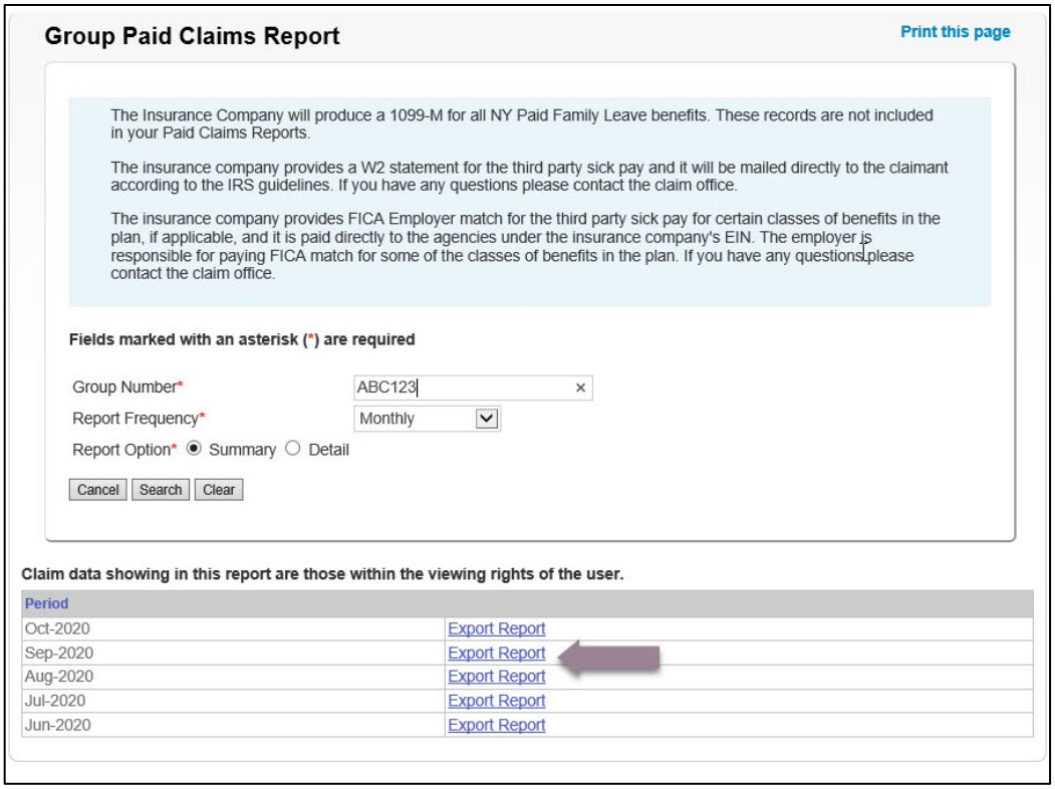
If you'd like to recreate a report for a certain time period not shown, enter the range of dates you'd like to search in the *Start Date* and *End Date* fields. Click *Search*.



Group disability paid claims reports

You can access claims reports on the secure portal: https://myspecialtyappsanthem.com/benadmin/Account/logon/unicare. You can view your disability paid claims reports monthly, quarterly, or annually. You can also view either a summary of paid disability claims or details of each claim.

Select the frequency you want to see. Also, enter your group number, if it did not auto-populate, and choose Summary or Detail as the *Report Option*. Then, click *Search*.



Life and Disability products underwritten by UniCare Life & Health Insurance Company.

www.unicare.com/lifeanddisability