

Reporting a long-term disability claim by telephone

When to report a claim

Planned absence. We suggest you call as soon as you feel your disability will extend beyond 60 days.

Unplanned absence. As soon as you are able to. You may also have someone call on your behalf if you are unable to make the call yourself.

How to report a claim



1. **File your claim by calling**
1-888-266-2917



2. **Review your health care coverage**

If Aetna is your health care carrier, we'll ask for your consent to share medical and disability claims information. This will help us coordinate claims and medical management.



3. **Fill out the authorization form**

Once you've called in your claim, we'll send you a claim introduction packet that contains an authorization form.

Fill it out and fax it to us at **1-866-667-1987**.

NOTE: You'll want to make sure to sign the enclosed form which authorizes Aetna to get medical information from your treating provider(s) to certify your claim. If you don't do this, it could result in a claims processing delay.

Disability Service Center

Long-term disability claims: **1-888-266-2917**

Fax: **1-866-667-1987**

Monday – Friday (8 a.m. – 8 p.m. ET)

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite and/or administer benefits coverage include Aetna Life Insurance Company (Aetna).

Information needed to send a claim

The following information may be needed for your claim. Please have this information ready when you call us. If someone else makes the call for you, he or she will need to give us this information.

Checklist

- Name of your employer
- Doctor, nurse or health care provider name, address, fax and phone numbers
- Your name
- Your employee ID number, if you have one
- Your complete address and phone number
- Your date of birth
- Your marital status
- Your occupation (or job title)
- Supervisor's name and phone number
- A brief description of your health problem — include the cause of health problem (illness or injury), date of injury or beginning of illness, and whether it is work related
- The dates of your first visit, your most recent visit, and your next scheduled visit with your doctor or nurse for this condition
- Your last day worked and your first day absent from work resulting from this condition
- The date you expect to be back to work (if you know), or the actual date if you are already back to work
- Work restrictions or limitations advised by your health care provider, if any

Provide us with the complete information as soon as possible. This will help the decision and payment to be on time, if you are eligible.

Misrepresentation/fraud statement

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Alabama residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Attention Arkansas, District of Columbia, Rhode Island and West Virginia residents: 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.

Attention California residents: For your protection, California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado residents: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award

payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a **crime**.

Attention Louisiana residents: 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 is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention Maryland residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Missouri residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law.

Attention New Jersey residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention New York residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention North Carolina residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Ohio residents: Any person who, with intent to defraud or knowing he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Attention Oklahoma residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Pennsylvania residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing

any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Puerto Rico residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Texas residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Vermont residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

This material is for information only and is not an offer or invitation to contract. Disability insurance plans contain exclusions and limitations. Not all disability services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in Oklahoma include: GR-9/GR-9N and/or GR-29/GR-29N.

www.aetna.com



Non-Discrimination Notice

Only applicable to Members/Claimants

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need help in your language, you can email us at **TranslationGI@AETNA.com**. Be sure to include your name and claim number. You'll also need to tell us what information you'd like our help with. If you can't email, you can call us at the number in our letters to you. We don't charge you for this help.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), **CRCoordinator@aetna.com**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697. (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Availability of Language Assistance Services

TTY: 711

If you need help in your language, you can email us at **TranslationGI@AETNA.com**. Be sure to include your name and claim number. You'll also need to tell us what information you'd like our help with. If you can't email, you can call us at the number in our letters to you. We don't charge you for this help. (English)

Si necesita ayuda en su propio idioma, puede enviarnos un correo electrónico a **TranslationGI@AETNA.com**. No se olvide de incluir su nombre y número de reclamo. También debe especificar el asunto por el cual necesita nuestra ayuda. Si no puede enviarnos un correo electrónico, llámenos al número que figura en la correspondencia que le mandamos. Esta asistencia se brinda sin costo. (Spanish)

如果您需要以您的語言取得幫助，可以寄電子郵件給我們 **TranslationGI@AETNA.com**。請務必註明您的姓名和理賠號碼。您還需要告知我們您希望我們提供幫助的相關資訊。如果您無法寄電子郵件，則可致電聯絡我們，電話號碼列於我們寄給您的信函中。為您提供此幫助，我們不會向您收費。(Chinese)

Si vous avez besoin d'aide dans votre langue, vous pouvez nous écrire à **TranslationGI@AETNA.com**. N'oubliez pas d'inclure votre nom et numéro de réclamation. Vous devrez également nous indiquer en quoi nous pouvons vous aider. Si vous ne pouvez pas nous écrire par e-mail, vous pouvez nous rejoindre au numéro indiqué dans nos correspondances. Nous vous offrons cette assistance, sans frais. (French)

Kung kailangan mo ng tulong sa iyong wika, maaari kang mag-email sa amin sa **TranslationGI@AETNA.com**. Siguruhing isama ang iyong pangalan at numero ng paghahabol. Kakailanganin mo ring sabihin sa amin kung anong impormasyon ang kakailanganin mo ng tulong mula sa amin. Kung hindi ka makapag-email, matatawagan mo kami sa numerong nakalagay sa mga sulat namin sa iyo. Hindi ka namin sisingilin para sa tulong na ito. (Tagalog)

Wenn Sie in Ihrer Sprache Hilfe benötigen, so können Sie uns eine Mail an **TranslationGI@AETNA.com** schicken. Bitte geben Sie dabei Ihren Namen und Ihre Antragsnummer an und erklären Sie auch, bezüglich welcher Informationen Sie von uns Hilfe erhalten möchten. Falls Sie uns nicht mailen können, rufen Sie uns einfach unter der in unseren Briefen an Sie angegebenen Telefonnummer an. Diese Hilfe ist für Sie mit keinen Kosten verbunden. (German)

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Per assistenza con la tua lingua, puoi contattarci tramite e-mail all'indirizzo **TranslationGI@AETNA.com**. Includi il tuo nome e il numero della richiesta. Dovrai anche indicare quali sono le informazioni per le quali richiedi assistenza. Se non puoi inviare e-mail, puoi contattarci telefonicamente al numero che troverai nelle nostre lettere di comunicazione. Il nostro servizio di assistenza è gratuito. (Italian)

特定の言語でのヘルプについては、**TranslationGI@AETNA.com** までお問い合わせください。お名前とクレーム番号を記載してください。また、どの情報に関するヘルプをお望みなのかも指定してください。Eメールできない場合は、弊社からの手紙に記載されている電話番号にお問い合わせください。かかるヘルプの手料はございません。(Japanese)

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Jeśli potrzebujesz pomocy w swoim języku, możesz wysłać e-mail na adres **TranslationGI@AETNA.com**. Pamiętaj, aby podać swoje imię i nazwisko oraz numer roszczenia. Należy również wyszczególnić informacje, w sprawie których potrzebujesz naszej pomocy. Jeśli nie możesz wysłać e-maila, możesz kontaktować się z nami telefonicznie pod numerem podanym w naszych listach do Ciebie. Nie pobieramy opłat za tę pomoc. (Polish)

Se necessitar de ajuda no seu idioma, envie-nos um email para **TranslationGI@AETNA.com**. Não se esqueça de incluir o seu nome e número de queixa. Também terá que nos explicar que tipo de ajuda precisa da nossa parte. Se não poder enviar por email, poderá telefonar-nos para o número fornecido na correspondência enviada por nós. Não cobramos por esta ajuda. (Portuguese)

Если вам необходима помощь на вашем языке, вы можете послать нам электронное письмо по адресу **TranslationGI@AETNA.com**. Пожалуйста, укажите в письме номер вашей заявки, а также существо вопроса, в решении которого вам необходима помощь. Если у вас отсутствует возможность отправить электронную почту, позвоните, пожалуйста, по телефону, указанному в наших почтовых отправлениях. Помощь будет предоставлена вам бесплатно. (Russian)

Nếu quý vị cần được trợ giúp bằng ngôn ngữ của quý vị, quý vị có thể gửi email cho chúng tôi đến **TranslationGI@AETNA.com**. Xin ghi nhớ là cần nêu tên và số yêu cầu bảo hiểm của quý vị. Quý vị cũng sẽ cần cho chúng tôi biết quý vị muốn chúng tôi hỗ trợ thông tin gì. Nếu quý vị không thể gửi email, quý vị có thể gọi cho chúng tôi theo số điện thoại nêu trong các bức thư mà chúng tôi gửi cho quý vị. Chúng tôi không tính phí quý vị cho sự trợ giúp này. (Vietnamese)