

How do I submit a long-term disability insurance claim?

Your guide to requesting benefits from your Group Long-Term Disability insurance

When the unexpected happens, the AVMA Trust is here to help. This easy-to-use guide provides step-by-step instructions for filing a long-term disability claim. And once you submit a claim, we will assign you a dedicated claims representative who will be available to answer any questions and ensure a fair and timely review of your request.

STEP 1: GET A CLAIM FORM

You can get a copy of the claim form in three ways:



ONLINE:

Visit avmalife.org.



PHONE:

Call 800-621-6360 to request a form.



EMAIL:

Contact CustomerService@AVMALIFE.org to request a form.

STEP 2: COMPLETE THE CLAIM FORM

Follow these page-by-page instructions for completing the claim form.

PAGE 1:

Provide information related to your recovery date. Leave this first page blank if you have not yet recovered.

PAGE 2:

Provide personal information, monthly earned income (gross and net), hours worked prior to the disability, and the nature of the disability.

Collateral Assignment:
Complete this section if a third party is listed on your policy as part of the terms to secure a loan or lease agreement.

PAGE 3:

Provide a description of your pre-disability work duties, current daily activities, and information related to provider(s) who have treated you for this disability.

PAGE 4:

List other benefits you are eligible to receive such as Social Security, retirement/pension plan(s), and/or other disability income policies.

PAGE 5:

Sign and date the "Authorization for Release of Information." Without your signature, we cannot gather medical information to process the claim.

PAGES 6-7:

Submit the "Medical Provider's Statement" to your physician to complete.

Continued on next page



STEP 3: SUBMIT THE CLAIM FORM

After you have completed your claim form, you can submit it in one of two ways:



MAIL:

**AVMA LIFE Trust Program Administrator
1200 E. Glen Ave., Peoria Heights, IL 61616**



FAX:

866-817-9009

WHAT HAPPENS NEXT?

We strive to evaluate and provide a fair decision on all claims as quickly as possible. Our goal is to provide a decision within **45 days** of receiving your claim. However, any delay in the submission or follow-up of medical records may slow the claims process.

When we receive your claim, a dedicated representative will be assigned to your case. This person will coordinate all requirements and keep you informed if any additional information is needed.

We will ask you for regular updates on your disability, including ongoing medical statements. We may also request expense details and financial information to ensure ongoing accuracy.

If a claim is submitted within two years from the effective date of medically underwritten coverage, New York Life will conduct a routine investigation to determine whether any adverse medical or financial history may have altered New York Life's decision to approve the coverage. This investigation will be completed as soon as possible and will require the insured to provide a complete medical history for the five-year period prior to the effective date of coverage.

WHAT HAPPENS WHEN A DECISION IS MADE?

You will receive a written decision about your claim by mail. If approved, you will receive details about benefit payments, including the benefit start date appears on your policy's waiting period. You will have the option for your benefit payments to be direct deposited via an electronic bank transfer.

If your claim is denied, you have the right to appeal the decision. You can request a secondary review and may be asked for further details to support your appeal.

WHAT HAPPENS WHEN I RETURN TO WORK?

When you return to work, either full-time or part-time, you will need to update the carrier, New York Life. To do so, please complete and submit the "Statement of Recovery" section that appears on page 1 of the claim form.

If you return to partial work and request benefits under a Covered Partial Residual, you will be asked for financial records for the two years prior to your disability. You will also be asked to provide monthly financial information after you return to work as well as annual tax documents for the duration benefits are received.¹

You can submit the "Statement of Recovery" in one of two ways:



MAIL:

**AVMA LIFE Trust Program Administrator
1200 E. Glen Ave., Peoria Heights, IL 61616**



FAX: 866-817-9009

QUESTIONS?

Contact our Customer Support team:



EMAIL: CustomerService@AVMALIFE.org



PHONE: 800-621-6360

New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

www.newyorklife.com/groupmembership
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¹ When requesting benefits for Covered Partial Residual under Long-Term Disability, you will need to supply:

Financial records from the past two years:

If you were an employee at the time you incurred your claim, submit copies of your W-2 and signed and dated copies of your Federal Tax Form 1040, including all schedules, for the two calendar years prior to your date of disability. If you made contributions to a 401(k) plan to which your employer made contributions, submit a statement from your employer indicating the amount of their contributions for these two years.

OR

If your practice was a sole proprietorship or partnership, submit signed, dated copies of your Federal Tax Form 1040, including all schedules, and copies of your Schedule C (Sole Proprietor) and Form 1065 and Schedule K1 1065 (Partnership) for the two years prior to your date of disability, as well as your 1040 Schedule SE.

OR

If your practice was incorporated, submit copies of your W-2, signed, dated copies of your Federal Tax Form 1040, along with all schedules, for the two years prior to your date of disability. Also submit a copy of your corporate returns, as well as all applicable schedules, for the two years prior to your date of disability. If the corporation made a contribution to a pension or profit sharing plan on your behalf, which was reported on the corporate returns, we will need a statement from the accountant indicating the type and amount of the contribution.

Monthly financial information for accurate benefits calculations for the duration of your claim:

Veterinarian: Copies of pay stubs from your partial return-to-work date onward. If you make contributions into a 401(k) plan to which your employer also makes contributions, we need documentation on the amount of employer contribution.

Sole Proprietor: Completion of a Residual Disability Form or, if you prefer, a Profit and Loss Statement.

Partner: Your partnership's Profit and Loss Statement.

Corporation: Your corporation's Profit and Loss Statement. If your corporation makes contributions to a pension or profit sharing plan that will be reported on the corporate return, submit a statement from the corporation's accountant indicating the amount of the fringe benefits and/or pension or profit sharing contribution.

Ongoing, it is required for you to annually submit: Federal Tax Form 1040, including all schedules, W-2s, any contributions you made to a 401(k) plan to which your employer made contributions, and submit a statement from your employer indicating the amount of their contributions.