

How do I submit a professional overhead expense insurance claim?

Your guide to requesting benefits from your Group Professional Overhead Expense 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 professional overhead expense 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.

OTHER DOCUMENTS:

Include with your Claim Form (1) a completed **Professional Overhead Expense form** or Profit and Loss Statement for each month you are claiming a benefit; and (2) business federal tax returns for the two calendar years prior to your date of disability.

Continued on next page

STEP 3: SUBMIT THE CLAIM FORM

Your claim should be submitted once you stop working and know you will be out of work for an extended period of time. After you have completed your claim form, you can submit it in one of two ways:



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



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 **60 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 business 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 based on your policy's waiting period. You will have the option for your benefit payments to be direct deposited via an electronic bank transfer. We also will ask you for regular updates on your disability, including ongoing medical statements.

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.

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



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



866-817-9009

QUESTIONS?

Contact our Customer Support team:



New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

www.newyorklife.com/groupmembership
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