IMPORTANT INFORMATION
ABOUT FILING A CLAIM

PLEASE BE ADVISED ALL QUESTIONS MUST BE COMPLETED IN FULL TO AVOID DELAYS IN PROCESSING YOUR CLAIM

PHYSICIAN'S RECORDS - (IMPORTANT)

All physician's medical records pertaining to your disability must be filed with each claim form. **Failure to provide this information may delay the processing of your claim.**

PROOF OF LOSS

Disability claim payments will only be made after written proof of loss is provided to our executive office. There will be no payments made for future dates of total disability. If you have any questions on any of the information provided o these sheets, please do not hesitate to contact our office at (202) 638-4318.

ELIMINATION PERIOD

Please be advised that you **must wait until after you have satisfied the ELIMINATION PERIOD** to have the claim form completed. If your have any questions regarding the Elimination Period for your claim, please refer to the SCHEDULE OF BENEFITS AND PREMIUMS page of your policy.

AVOID DELAYS

To avoid delays in the processing of your claim, **please review your claim to insure all of the questions have been fully answered.** All appropriate signatures and dates should be affixed to the claim form. The Insured must not complete any portion of the Physician's section or the Supervisor's section.

WAIVER OF PREMIUMS

Remember that **until your disability claim has been approved, all premiums must be kept at a current status.** After satisfying the Elimination Period for your claim, any premium that you have paid while your total disability continues and the monthly benefit is being paid, will be refunded (see the **WAIVER OF PREMIUM** section of your policy).

PROCESSING A CLAIM

Note that after all of the necessary information regarding a claim has been received by our office, the typical processing time for a claim is 2-3 weeks. This time may vary depending on the number of claims we receive in our office.

BENEFIT CHECK AMOUNTS

The actual amount of each benefit check may vary from your monthly indemnity amount. Payment is based upon the dates for which our office has written verification that you met the requirements of TOTAL DISABILITY, as defined by your policy. This verification is provided to the MBA on the claim form by the signatures and dates of your physician and P.O. Supervisor.

CONTINUING DISABILITY

For continuing periods of disability, you will be required each month to submit a Supplementary Statement of Continuing Disability, until your claim has ended.

WRITTEN PROOF OF LOSS

The Disability Income Insurance policy requires you to give us written proof of loss, unless it is not reasonably possible for you to do so, within 90 days after the end of each period for which we are liable, and it absolutely requires you to give us proof of loss within one year after the period for which we are liable unless you are legally incapacitated. Please review your policy, which sets out your and our rights and obligations.