



Disability income claim FAQ

Every day, the Mutual Benefit Association office receives calls from letter carriers with specific questions about their disability income policies. This article is devoted to answering the most frequently asked questions.

Q: Why has my disability claim payment been delayed?

A: Usually, it is due to an incomplete claim form and lack of information received. Members should review their claim forms to make sure they are filled out properly before submitting them to the MBA. They should check to ensure that all required signatures and dates have been completed and the proper medical records have been attached. If treatment was administered by more than one physician, each physician must complete a claim form. The same applies to multiple employers (i.e., part-time jobs).

Q: What is the elimination period?

A: If a claim has been approved for benefits, the proper elimination period will be applied. This period starts from the incurred date. Your policy's contract will provide you with your plan's elimination period. Plan 578 has a 14-day elimination period; Plan 573 has a 60-day elimination period for on-the-job injuries and a 14-day elimination period for sickness or injuries that are not work-related. Benefits are not payable during the elimination period.

Q: What is the incurred date and how is it determined?

A: The incurred date is established when a member meets the definition of being totally disabled ("...You cannot perform the main duties of your occupation, you are under a physician's care and you are not engaged in any other gainful occupation.") The physician's and supervisor's claim form statements help us to determine the incurred date. These statements tell us the first day you were under the care of a physician for your disability, the date you were advised to discontinue work due to your disability, the date you were released to return to any type of

work (if applicable) and the date you returned to any type of work (if applicable). We pay each approved claim through the date that both the doctor and the supervisor verify that the insured has met the total disability criteria as outlined in his/her policy.

Q: What is the frequency of my benefit payments?

A: Each claim is paid based on the number of days the insured is disabled. We pro-rate the benefit days. To get the daily benefit, the monthly benefit is divided by 30 days. If the disability continues after the initial claim has been filed and approved, a supplementary statement of continuing benefits must be filed and completed by the member, doctor and supervisor. No benefits will be paid if a member has returned to any type of work.

Q: How long does it take to process my claim?

A: The average processing time for disability claims is two weeks. Claims are processed in order by the date they are received at the MBA. You may contact our office if you have any questions or concerns, and our disability department will be glad to help you. Please keep in mind, however, that repeated calls to check on the status of your claim may delay the processing of your claims.

Unfortunately, we no longer offer this type of policy for new issue. However, any member who has an existing policy may maintain it in accordance with the policy regulations. For more information, please contact an MBA disability claims analyst.

On behalf of the MBA, I'd like to wish everyone and their families a happy new year. ☒

United States Letter Carriers Mutual Benefit Association (MBA):

The Life Insurance Association of and for the National Association of Letter Carriers
Suite 510, 100 Indiana Ave., NW
Washington, DC 20001-2144

Board of Trustees
Lawrence D. Brown Jr., chairman
Mike Gill
Randall L. Keller

202-638-4318, 8 a.m.-3:30 p.m. (Eastern)
800-424-5184, 8 a.m.-3:30 p.m. (Eastern), Tuesday and Thursday