

# Setting the standards for long term disability claims management

Highly skilled people.  
Customer-focused process.  
Protection at claim time.

## Highly rated professionals

- 91% of claimants surveyed rated the overall handling of their disability claims favorably.<sup>1</sup>



## A customer-approved claims process

- 95% of our customers surveyed gave positive marks to our claims process.<sup>2</sup>

## Claims practices with high standards

- In 20 out of 24 key performance categories, Unum outpaced the industry average for its long term disability claims process.<sup>3</sup>

Our guiding principle is a fair, thorough and objective review of each and every claim. And we make it happen by adhering to the highest standards built on highly skilled **people**, a customer-focused claims management **process** and the **protection** we provide customers at claim time. Our customers can rely on Unum to be there when they need us most.

## Carefully selected, thoroughly trained teams for a better claims experience

To provide the best possible claims experience for our customers and their employees, we use a rigorous selection model to help us choose the most appropriate people for our claims teams. We provide in-depth classroom training followed by extensive mentoring and on-the-job training for our disability benefits specialists.

### Our claims professionals are trained to:

- Listen and gain an understanding of how each person is impacted by his or her disability
- Clearly set expectations of what will happen at each stage of the claims process
- Recognize the person's level of independence and personal accountability
- Help the individual create and follow a plan of action, if he or she is motivated to do so

To help our benefits specialists succeed at providing excellent service, training continues throughout their careers with

Unum. And their evaluations are based on the quality of their work, not on their decisions to accept or deny claims.

A Unum disability benefits specialist is the primary lead for every claim. He or she works one-on-one with each claimant, providing a high level of service with a personal touch. Because teams are small, directors are closely involved in all claims.

Time with each customer is a priority, so our disability benefits specialists have manageable workloads. And to assist them in making claims decisions, they are supported by a team of medical, vocational, financial, legal and Social Security disability experts.

## Innovative procedures and the highest industry standards

Our processes and standards for review are higher than the industry's standards and ensure consistent claims evaluations while facilitating effective communication between the claimant, the employer and Unum.<sup>4</sup>

## Support for claimants

We listen to individuals and look at more than their diagnosis. We also consider

As the disability market leader for 34 years<sup>6</sup>, we have a responsibility to set the standard for others to follow.



Contact your Unum representative to learn more about how our claims philosophy can benefit you.

1 JHA, "Unum Claimant Satisfaction Research 2010."  
2 Harris Interactive, "Fall 2009 Employer Loyalty Study."  
3,4 JHA, "2009 Claimant Satisfaction Research," April 2, 2010.  
5 Social Security Claimant Advocacy Assistance Program services provided by GENEX Services, Inc.  
6 JHA U.S. Group and Individual Disability Market Surveys, 1997-2009. Ranked #1 in disability benefits for the 21 years prior to 1997 by the annual survey of the Employee Benefits Research Institute (EBRI).  
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their emotional and physical conditions. This helps our benefits specialists ensure that all aspects of the disability are fully understood.

We support claimants by helping obtain the documents necessary to complete the claim — never placing the burden completely on the individual.

And because most LTD claims warrant a more in-depth review, a team of medical and vocational experts come together for roundtable meetings to share information and determine the best plan of support.

### Thorough and objective reviews

Important checkpoints and protocols are in place to ensure each claim receives a thorough and objective review:

- **Certification** — All physicians, clinical consultants and vocational consultants must fully evaluate all medical records on each claim they review and must certify they have done so.
- **Second opinion** — Unum physicians contact our customer's doctor in the event of disagreement or to seek clarity. We always obtain a second, new and completely independent medical opinion when the Unum in-house doctor and our customer's doctor disagree. When appropriate, we might refer the customer to be examined by an outside doctor for an Independent Medical Exam (IME).
- **Independent medical exam (IME)** — Claimants can request an IME at any time during the claim evaluation. Outside doctors who conduct these exams have an active medical practice and conduct fewer than two IMEs for Unum each year.
- **Social Security** — We give significant weight to Social Security decisions, when a customer is receiving SSDI, unless we have different contractual provisions or new and compelling medical evidence. We also provide expert resources to help a claimant through the SSDI approval process.<sup>5</sup>

### Consistent and fair approaches for fact-based decisions

Each claims decision is fact-based and made with care and sensitivity. We've put consistent and fair approaches in place to help ensure accurate and unbiased decisions are made on each claim and are communicated clearly.

#### Initial reviews

If benefits are denied or discontinued, we require a second level of review by a manager or quality assurance professional. No single individual can independently decide to accept or deny a claim. Customers always have the right to ask for a full and independent review of every decision through our appeals process. Claim appeal results and feedback are used as learning opportunities by our professional staff.

#### Ongoing internal reviews

Ongoing reviews assure that high quality standards are consistently applied:

- **Internal claims audits** — Approximately 10% of closed claims are reviewed by an independent audit team outside of the Benefits Department.
- **Quality reviews** — Frequent and thorough reviews are conducted by a dedicated quality review team within the Benefits Department on about 10% of open claims.
- **Rigorous compliance and ethics programs** — These programs focus on appropriate documentation, compliance and claim practices.
- **Interviews with disability benefits specialists** — Human resources professionals conduct interviews to ensure claims decisions are based on the facts of the case.

#### The value of customer input

We regularly ask our customers how we are doing through customer and claimant satisfaction surveys. We listen to their input and keep a close eye on external trends.