

LTD Claims: What Plan Administrators Should Know

Long-Term Disability (LTD) claims can be challenging for both employees and employers. For Plan Administrators, understanding your role in the process can help ensure claims are submitted promptly, information is complete, and employees know what to expect.



Start the Process Early

When an employee is absent due to an illness or injury that may extend beyond the plan's short-term disability period, the LTD claim process should begin as early as possible. Waiting until the end of the elimination period can create unnecessary delays in the assessment of the claim.

Plan Administrators should familiarize themselves with the carrier's requirements and applicable timelines outlined in the group benefits plan.

Keep Communication Clear and Confidential

Disability claims involve sensitive medical and personal information. Plan Administrators should limit information sharing to those who need it to administer the plan and follow the carrier's processes for submitting documentation. Employees should also be directed to the insurer or appropriate benefits contact for questions about medical requirements, claim decisions and ongoing eligibility.

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Ensure All Sections Are Completed

An LTD claim typically requires information from several parties, including:

- Employee – personal information, job details and authorization
- Employer/Plan Administrator – employment information, salary, occupation, last day worked and benefit details
- Healthcare provider – medical information supporting the disability
- Insurance carrier – assessment and adjudication of the claim

Before submitting the employer portion, review the information carefully and ensure salary, employment status and dates are accurate. Missing or inconsistent information can result in additional requests and delays.

Keep Track of Important Dates

Accurate dates are particularly important when administering an LTD claim. Keep track of:

- Last day actively at work
- Date disability began
- Short-term disability or elimination period
- LTD claim submission date
- Benefit effective dates
- Any return-to-work or modified-work dates

Maintaining accurate records can help prevent administrative issues and ensure the carrier has the information needed to assess the claim.

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What Happens After the Claim Is Submitted?

Once the claim is submitted, the insurance carrier reviews the information provided and determines whether the claim meets the definition of disability under the specific group benefits contract. The insurer may request additional information during the assessment. Plan Administrators can help by responding promptly to employer-related requests while maintaining appropriate confidentiality.

A Plan Administrator's Role

Plan Administrators don't make the decision on whether an LTD claim is approved. Their role is to help facilitate the process by providing accurate information, submitting documentation promptly and supporting clear communication between the employee, employer and insurer.

Plan Administrator Tip: If you are unsure when an LTD claim should be initiated or what documentation is required, check your benefits plan provisions or contact your benefits advisor before waiting for the claim deadline.

How Your Benefits Advisor Can Support You

Your benefits advisor can be a valuable resource when an LTD claim arises. While the insurance carrier is responsible for reviewing and adjudicating the claim, your advisor can help guide the Plan Administrator through the administrative process.

A helpful reminder: Your benefits advisor does not approve or decline LTD claims. Claim decisions are made by the insurance carrier based on the terms of the group benefits contract and the information provided.

When in doubt, reach out to your benefits advisor early. A quick conversation can help ensure the right steps are taken and that the process is as smooth as possible for both the Plan Administrator and the employee.