What are some reasons the processing of my claim may be delayed?

- You failed to call and report your claim in a timely manner
- Your eligibility status with your railroad cannot be confirmed
- Your DCM is having difficulty obtaining necessary information from your physician
- The medical information provided is insufficient and your DCM must request further information
- You failed to provide additional information that your DCM requested

Your DCM will advise you as to the cause of any delay.

What should I expect if my claim is approved? If your claim is approved, benefits will be paid monthly as long as you meet the definition of disability. Checks will generally be processed by Anthem within 2-3 business days of receipt of the necessary supporting documentation. You will also receive an Explanation of Benefits (EOB) statement with each of your benefit checks.

Your benefit payments will end on the day prior to your expected return to work date. You will be expected to return to work on that date unless medical documentation of your continued disability is received which supports continued benefit payments. Of course, if you return to work prior to the expected date, your benefit payments will end on that date.

If approved, how will my disability claim continue to be monitored? Frequent and open communication between you and your DCM is important if you are to return to work quickly and safely. Therefore, your DCM will call you from time to time to discuss your recovery, return to work alternatives, and answer any questions you may have.

The DCM will also follow-up periodically with your physician to see how your treatment plan and recovery are progressing. Additional information from your physician may be necessary to continue disability benefits.

What should I expect if my claim for disability benefits is not approved? If your claim is not approved, you will receive a letter stating the reason(s) for denial. The letter will also outline the appeals process. That process includes a requirement that you send written appeal notification to the Anthem claims unit within 180 days of your receipt of the denial letter. Appeals are normally processed within 45 days.

What should I do when I return to work? Call your DCM immediately with your return to work date. This will avoid overpayments for which you will be required to reimburse to the plan.

The plan contains benefit exclusions, and this coverage description is intended only as a brief outline of benefits available. It does not include all of the terms of coverage offered by Anthem Life Insurance Company. The entire terms are contained in the contract documents (the applicable Certificate, Policy, and/or Trust Agreement). In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail.

To better control plan costs and streamline the processes related to the Anthem VLTD plan, the SMART Group VLTD plan has assumed responsibility for some of the administrative duties typically performed by the carrier. To offset these costs, a portion of your monthly payment is used for the administrative duties performed by the SMART Group VLTD plan and not for the VLTD insurance coverage.