

Getting the most FROM DISABILITY CLAIMS

When a client becomes disabled due to an injury or illness and is unable to work, he or she enters a challenging time. Financial advisers can ease the client's burden by assisting the client to settle his or her claims in the quickest possible time.

The main issue with disability claims is that they are complex, because each case is different, even though there are similarities. While the medical information that is required needs to be factual, this is used in context to determine the extent of the disability. This context is a person's age, his or her qualifications, work experience and whether he or she can reasonably be expected to continue to perform his or her duties.

The more information an assessor can receive when making these determinations, the better.

TWO TYPES OF DISABILITIES

Broadly speaking, there are two types of disabilities. In the case of an accident, the disability is clearly defined in terms of the date that the accident occurred, i.e. the date of disability. Where there is an illness, it is often progressive, making the date of disability harder to determine. The date of disability in this instance, is the date the claimant was last able to actively perform his or her own job.

For the first instance, medical records are required from the date of disability. For the latter instance, there is an extended period over which medical reports are needed. It is important that not only the latest medical information is sent to the insurer, but as much medical evidence as possible from a medical professional.

Where medical information is missing, a new medical examination may be required, which can draw out the claim process considerably.

The next important piece of information relates to the person's job. This includes a detailed job description, his or her performance reviews, all things relating to his or her function that is needed to assess the claim.

FORMS THAT MUST BE COMPLETED

Just as important are the insurance claim forms that we send them. Claimants often do not see the need to complete these forms as they feel that they have already provided all the required evidence, but this claim form is critical to help us assess the claim as quickly as possible.

There is also a claim form that must be completed by the current treating medical professional. The form is often not a priority for a medical professional, whose primary task is to see the health of patients, not fill out forms. Where claimants or financial advisers can follow up with medical professionals to motivate them to complete the forms, it will help to speed up the process.

THE BEST CARE FOR YOUR CLIENT

We often find that clients' expectations with regards to the benefit coverage in their policies are unrealistic. Financial advisers can do their clients a great service from the outset by clearly outlining what is covered by the policy and what is not. This should be clearly outlined when the policy is first purchased, as clients often do not pay attention to what is covered until a claim arises, where they may become disillusioned.

Financial advisers can differentiate themselves in the eyes of their clients by facilitating the claim process and ensuring that the right documents reach the right people in a timely manner. Over time, a financial adviser can build up experience about which claims come back with requests for further information and advise clients to ensure that this information is included from the outset.

The best way to get the best care for your client is to inform the insurer as soon as a disability event occurs. This will ensure that the correct forms are distributed for completion, which helps your client to start receiving his or her benefit as soon as possible.



Walter van der Merwe
CEO
Fedgroup Life

“

We often find that clients' expectations with regards to the benefit coverage in their policies are unrealistic.

”