



Long Term Disability Claim Filing Instructions

To ensure a prompt review and decision on your Long Term Disability (LTD) claim, please complete the forms that make up this packet and submit them as soon as possible to your employer's authorized benefit plan representative or directly to Aetna. These forms should be completed entirely, to ensure timely claim processing. If a section does not apply, or information is not available, write "NA" in the space so that we know you did not overlook the particular question. ***We may return incomplete forms for completion.***

There are **ten (10)** forms:

- **Enhanced Disability Claim Application--Employee Request for Information (GC-1502-7)**

This form provides Aetna with official notice of your claim. It is your responsibility to complete the "Employee Information" portion (lower half) of this form.

- **Authorization for Aetna to Request Protected Health Information Necessary to Process a Disability Claim (GR-67940-8)**

In signing this form you authorize Aetna to obtain Protected Health Information necessary to process your disability claim.

- **Attending Physician's Statement (GC-1486-7)**

This form provides Aetna with your physician's evaluation of your present condition, as well as the history, diagnosis, and treatment of your disability.

Immediately forward this form to your physician. Ask your physician to promptly complete and return the form directly to Aetna.

- **Capabilities and Limitations Worksheet (GC-1500-7)**

This form provides Aetna with your physician's evaluation of your physical capabilities. Ask your physician to promptly complete and return the form directly to Aetna.

- **Attending Physician Behavioral Health Statement (GC-1493-7)**

Disregard this form if not applicable to your condition.

This form provides Aetna with your mental health provider's evaluation of your present condition, as well as the history, diagnosis, and treatment of your disability.

Immediately forward this form to your mental health provider. Ask your provider to promptly complete and return the form directly to Aetna.

Note: If you have more than one physician or provider for your condition, a statement should be completed by each one. These forms can be reproduced. Your physician or provider should mail the completed form either to your employer or directly to Aetna.

- **Authorization to Secure Award or Denial Information** (GC-1498-5)

This form authorizes the Social Security Administration to provide Aetna with information about any Social Security determination that may have been made on your claim.

- **Reimbursement Agreement (LTD)** (GC-1587-5*, GC-1589-5**)

In signing this form, you authorize Aetna to recover any overpayments resulting from a retroactive Social Security benefit or from any other income source listed on the Disability Income Questionnaire.

*GC-1587-5 - Complete these forms if you are receiving salary continuation from your employer.

**GC-1589-5 - Complete these forms if you are receiving disability benefit payments from Aetna.

- **Reimbursement Agreement (STD)** (GC-1588-5*, GC-1590-5**)

In signing this form, you authorize Aetna to recover any overpayments resulting from a retroactive Social Security benefit or from any other income source listed on the Disability Income Questionnaire.

*GC-1588-5 - Complete these forms if you are receiving salary continuation from your employer.

**GC-1590-5 - Complete these forms if you are receiving disability benefit payments from Aetna.

- **Other Income Questionnaire Disability Benefits** (GC-1503-7)

This form shows types and amounts of "other income" benefits you may now receive or may be eligible to receive.

List all such other income benefits that you are now receiving or may be eligible to receive. Do not list benefit payments made under an individual insurance policy. If you have questions about the source of "other income" benefits that should be included on this form, please contact us.

- **Authorization to Obtain Information** (GC-1499-5)

In signing this form you authorize Aetna to obtain non-medical information from any agency or institution.

- **Work History and Education Questionnaire** (GC-1501-7)

This form allows Aetna to assess your education and work history. Also, the form authorizes us to obtain and release information from past and present employers.

**All information should be mailed to: Aetna Life Insurance Company
P.O. Box 14560
Lexington, KY 40512-4560**

If you have questions, please contact us at **1-866-326-1380**.