

Disability Claim Submission Process - Effective 8/15/2018

SURS Disability

The SURS Disability Application can be initiated by either 1) Central HR completes a Disability Application web event, OR 2) the employee calls SURS to complete the Employee Section.

In either case, you will submit the Employer portion of a Disability Application online via the [SURS Employer website](#). The SURS document “[Disability Application Web Event Information for Employers](#)” instructs you on how **Disability Application** web events are created, completed, and submitted to SURS. This document also provides instructions for three paper forms that you will print from the web event: 1) Job Description, 2) Employee Section, and 3) Physician Section.

SURS no longer forwards the disability claim to Prudential. If the employee also participates in the supplemental Prudential LTD plan, then a separate claim must be filed with Prudential.

Any questions about the SURS process should be directed to EMPREP1@surs.org

Prudential Voluntary Supplemental LTD

The Prudential disability claim must be submitted separately from the SURS claim. Best practice is to initiate the claim 45 days prior to the benefit begin date (i.e., half way through the 90 day elimination period).

The Prudential claim can be initiated by either 1) Central HR completing the Employer Section online (preferred) or via paper form, OR 2) the employee completes the Employee Section online, via paper, or by phone.

Employer section

- Employer Portal Security Access
 - HR contacts will receive an email from Prudential with their User ID and a separate email with their Temporary Password.
 - Because there are two Control Numbers (92630-open class and 93666-closed class) for this supplemental plan, you will receive two emails from Prudential, if you have access to both. The Control Number will be in the middle of your User ID (example: XX92630XX).
- Employer Portal www.prudential.com/link2benefits
 - Search for employees under 92630 first and if you don't find your employee, then search under 93666. There are less than 15 employees in the 93666-closed class.
 - Fields will pre-populate based on the recordkeeping file that UPB sends to Prudential, so the online application should save time.
 - If needed, Paper Employer Form:
https://www.hr.uillinois.edu/UserFiles/Servers/Server_4208/File/Benefits/LTD/LTD_Claim_EmployerSection.pdf
- Job Description
 - A Prudential Claims Manager will email you requesting the employee's job description.
 - This form can be completed in lieu of an actual job description:
https://www.hr.uillinois.edu/UserFiles/Servers/Server_4208/File/Benefits/LTD/LTD_Claim_JobDescription.doc

Employee section

- Employee Portal: www.prudential.com/mybenefits
 - Employee clicks “Register Now” (yellow button) and enters “University of Illinois” under Employer/Association Name, and then follows the on-screen prompts.
 - If needed, Paper Employee Form: https://www.hr.uillinois.edu/UserFiles/Servers/Server_4208/File/Benefits/LTD/LTD_Claim_EmployeeSection.pdf (see required vs. voluntary steps in the Disability Claim Instructions on page 1)
 - Phone: 800-842-1718
- Process Notes:
 - Prudential will accept a copy of the Physician Statement that the employee sent to SURS, except when the disability involves worker’s compensation. In cases involving worker’s compensation, Prudential will require a separate Physician Statement using their own form.
 - If the employee sends an updated Physician Statement to SURS, then s/he must also send it to Prudential.
 - The employee must complete and submit the *Group Disability Insurance Authorization* portion of the form to Prudential, it is important to ensure timely processing.
- Benefit Notes:
 - See benefit description at <https://www.hr.uillinois.edu/cms/One.aspx?portalId=4292&pageId=668380#UniversityLTD>
 - A Prudential LTD benefit can only become payable **after** your claim has been approved for coverage and you have been continuously disabled throughout the **elimination period**.
 - The elimination period is the greater of 90 days or the exhaustion of accumulated sick leave following accidental injury, sickness, or pregnancy.
 - Prudential will treat your disability as continuous if your disability stops for 30 days or less during the elimination period; however, the days that you are not disabled will not count toward your elimination period.

The following screen shots and notes were from Prudential’s 8/29/2018 Employer Portal demo.

A COMPLETE LTD CLAIM & CLAIM SUBMISSION OPTIONS

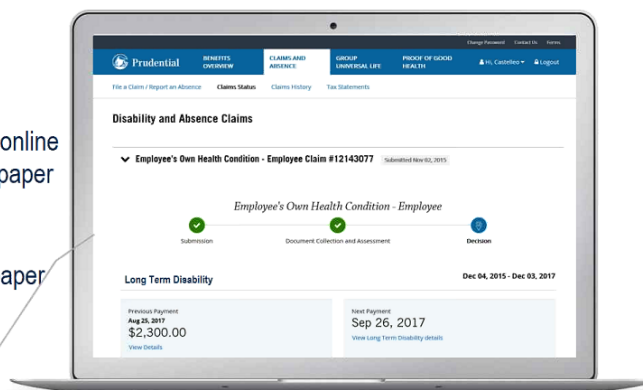
LTD Claim Components

1. Employer Statement
2. Employee Statement
3. Physician Statement

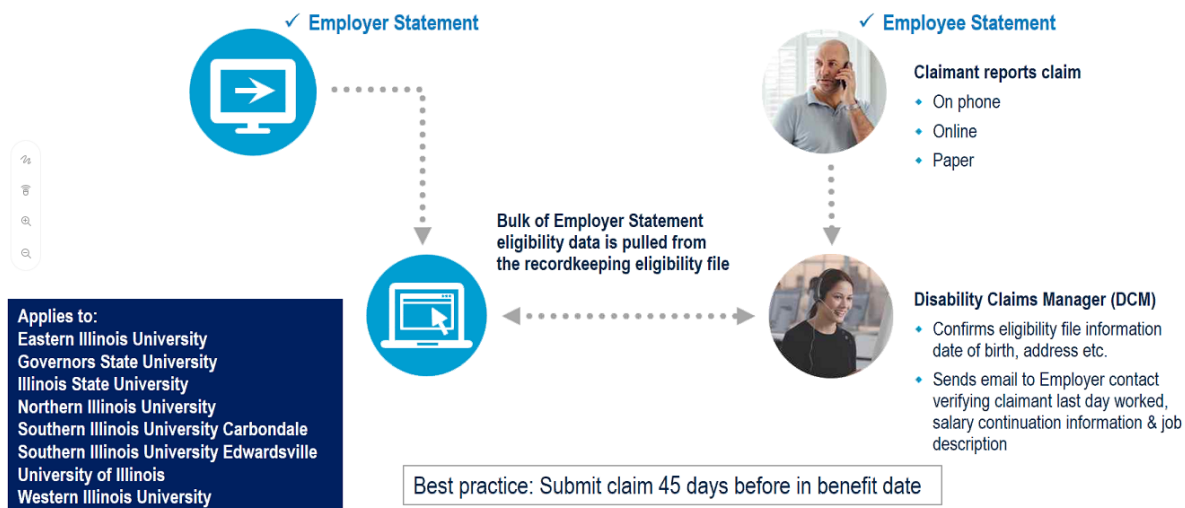
Claim Submission Options

1. Claimant reports claim telephonically, online at www.prudential.com/mybenefits or paper claim form
2. Client submits claim via ER portal at www.prudential.com/link2benefits or paper claim form on behalf of claimant

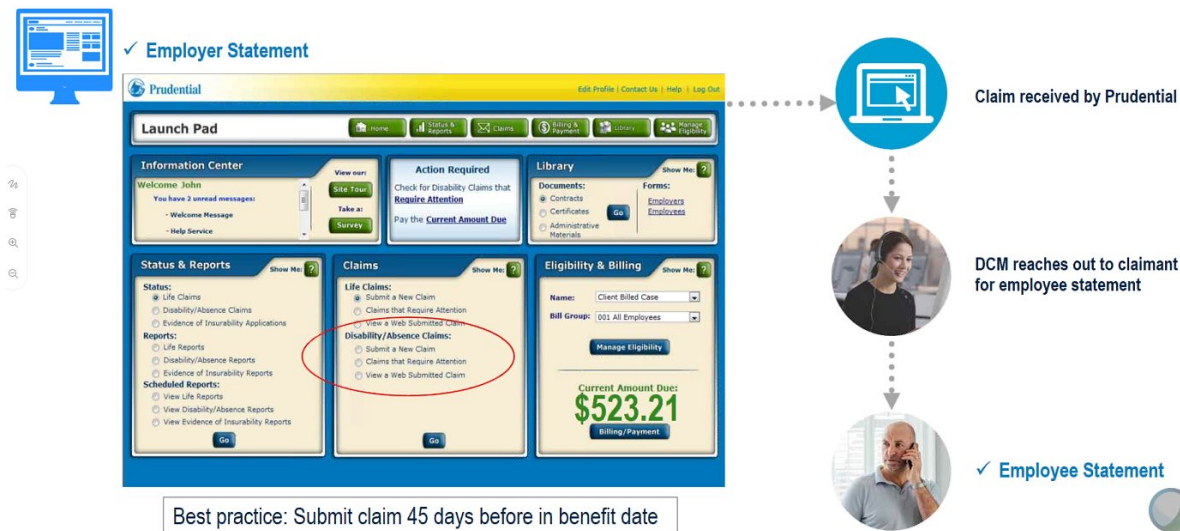
Track the progress of your claim 24/7 via the portal with our claim status tracking tool.



OPTION 1: ELIGIBILITY INTERFACE CLAIM PROCESS



OPTION 2: EMPLOYER INITIATES LTD CLAIM VIA THE PRU PORTAL



Because the University of Illinois sends an eligibility file to Prudential, you will be able to search for and find the employee via this screen.

Launch Pad Home Status & Reports Claims Billing & Payment Library Manage Eligibility

Submit a New Claim How do I submit a Disability/Absence Claim? ?

Search for an Existing Employee

Control Number: 12345

First Name:

Last Name:

or

Social Security Number:

Next

Back

Confirm the pre-populated information.

Simulation Document PRU GI Online Benefits Center 07-07-15 / Absence 2

Prudential Edit Profile | Contact Us | Help | Log Out

Launch Pad 1 Demographic Info 2 Reason 3 Time Away 4 Payment 5 Finish ? Need Help?

Submit a New Claim Step 1: Confirm demographic information

You may edit or update this information.

Name: Jane A Doe

Social Security Number: *** ** 1234

Date of Birth: 01 01 1970

Spousal or Domestic Partnership Status: Please Select

Gender: ☒ Male ☐ Female

Address for this claim: Residential: (If Mailing Address Different: ☐)

☒ Domestic ☐ Foreign

123 Main Street

Address 2

AnyWhere Pennsylvania 99999

Primary Phone Number: Secondary Phone Number:

Cancel Save & Exit Save & Continue

Enter the Branch Code for the employee's physical location or primary campus:

- 00001 = Chicago
- 00002 = Springfield
- 00006 = Urbana

The screenshot shows the Prudential system interface for Step 1: Provide work information. The top navigation bar includes links for Edit Profile, Contact Us, Help, and Log Out. The main content area is titled "Step 1: Provide work information" and includes a sub-header "You may edit or update this information." The form contains various input fields for employee information, including Date of Hire, Date of Termination, Employee ID, Job Category, Salary Amount, Salary Frequency, Employer Contribution Rate (%), Job Title, Job Description, How many hours does the employee typically work in a day?, and Work Location. It also includes fields for STD Branch Code/Description, STD Coverage Effective Date, LTD Branch Code Description, LTD Coverage Effective Date, and a checkbox for "Is the employee covered by long-term disability coverage?". The form is divided into two columns, with the left column containing most of the employee information and the right column containing the STD and LTD information. The bottom of the form has three buttons: "Save & Go Back", "Cancel", and "Save & Exit".

You can Save & Exit at any point in the process and return to it later.

The screenshot shows the Prudential system interface for Step 2: Provide details about the reason for this absence. The top navigation bar includes links for Edit Profile, Contact Us, Help, and Log Out. The main content area is titled "Step 2: Provide details about the reason for this absence". The form contains two input fields: "When will the employee be out of work?" and "What is the last day the employee worked?". The bottom of the form has three buttons: "Save & Go Back", "Cancel", and "Save & Exit".

12345

Demographic InfoReasonTime AwayPaymentFinish

? Need Help?

Step 2: Provide details about the reason for this absence

When will the employee be out of work? In the future

What is the last day the employee worked? MM DD YYYY

What date does the employee expect to return to work? MM DD YYYY

* Please select the type of absence:

Please Select
Employee's Own Health Condition
Care of a Family Member
Pregnancy
Bonding with Child
Military - EE
Other

Save & Go BackCancelSave & ExitSave & Continue

If the Leave Dates are not known, click the "I don't know" check box (left side of screen under Step 1).

12345

Demographic InfoReasonTime AwayPaymentFinish

? Need Help?

Step 3: Provide details about the time away from work

Instructions

Step 1 - Leave Dates

Please provide the dates and times that the Employee will be away from work:

☐ I don't know

Step 2 - Work Schedule

☐ today
☐ relevant work week
☐ company holiday
☐ Work Schedule
☐ absence duration

July 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Save & Go BackCancelSave & ExitSave & Continue

The Prudential LTD premium is taken post-tax, so any benefit payment is non-taxable. You can disregard this Tax withholding section, and click "Save & Continue".

Step 4: Tax withholding and other income

Do deductions apply?

Type	Amount	Frequency	Start Date	End Date
<input type="checkbox"/> Voluntary FIT		Please Select	MM-DD-YYYY	MM-DD-YYYY
<input type="checkbox"/> FICA (OASDI)		Please Select	MM-DD-YYYY	MM-DD-YYYY
<input type="checkbox"/> FICA (HI)		Please Select	MM-DD-YYYY	MM-DD-YYYY
<input type="checkbox"/> Mandatory FIT		Please Select	MM-DD-YYYY	MM-DD-YYYY
<input type="checkbox"/> Mandatory FIT W4		Please Select	MM-DD-YYYY	MM-DD-YYYY

W4 Exemptions:

W4 Filing Status:

Does the Employee have any other income as a result of this disability?

Type	Amount	Frequency	Start Date	End Date
<input type="checkbox"/> State Disab.		Please Select	MM-DD-YYYY	MM-DD-YYYY

Navigation buttons: Save & Go Back, Cancel, Save & Exit, Save & Continue

The Claim Number is issued when the claim is submitted.

Launch Pad

Home | Status & Reports | Claims | Billing & Payment | Library | Manage Eligibility

Claim Status

Print

Claim Information

Claimant Name	Smith, Deb	Claimant SSN	***-**-2345	Claimant Date of Birth	01/01/1967
Claim Number	345678912	Date of Disability	9/11/2014	Claim Received Date	09/20/2014

Coverage Information

Coverage	Branch	Coverage Status	Effective Date
LTD	00018	Approved	09/11/2014

Function Name	Description	Action
Correspondence Letters	View correspondence letters associated with this claim.	Details
Claim Submission Form	Reference claim information previously submitted over the web.	Details
Payment History	Provides a payment history, if available, on the above claim.	Details

If you have questions when completing the Employer Form, you may contact Jana Syverson at Prudential. Phone 763-553-8784 or email jana.syverson@prudential.com.