



# Disability insurance

USP administration guide





## Welcome

Thank you for selecting UnitedHealthcare as your company's disability insurance benefit provider.

This administration guide contains important information to help you administer your company disability insurance plan. Access to the secure [uhceservices.com](https://uhceservices.com)<sup>®</sup> website helps to make benefits administration faster and easier for you and your employees.

If you have questions and want to get in touch with us, please refer to the contact list on page 4.

We appreciate your business and value our relationship with you.

# Table of contents

Contacts	4
Benefits administration for <a href="https://uhceservices.com">uhceservices.com</a>	5
Enrollment, eligibility and Evidence of Insurability information	6
Billing and payment information	11
How to file a short-term disability or long-term disability claim	12
Tax withholding, reporting and W-2 services	13
Administering benefits offline	14
Member Assistance Program (MAP)	15
Notes	16

# Contacts

Resource	Website/address	Phone/fax/email
<p><b>uhceservices.com</b></p> <p><b>Customer support</b> Assistance with online navigation and technical support</p>	<p><b>uhceservices.com*</b></p>	<p><b>1-800-651-5465</b></p>
<p><b>Customer service for benefit administrators*</b></p> <ul style="list-style-type: none"> <li>• Enrollment/eligibility*</li> <li>• Billing information and payment</li> </ul>	<p><b>uhceservices.com*</b></p> <p><b>Enrollment/eligibility address</b> UnitedHealthcare Specialty Benefits P.O. Box 30964 Salt Lake City, UT 84130-0964</p> <p><b>Billing address</b> For billing address, please see your invoice remittance stub or call Customer Service</p>	<p><b>1-888-842-4571</b></p> <p>Fax: 1-248-733-6062</p> <p>Email: <b>Specialtyclientservices@uhc.com</b></p>
<p><b>Claims Service Center</b></p> <p><b>Short-term disability (STD)</b></p> <p><b>Long-term disability (LTD)</b></p> <ul style="list-style-type: none"> <li>• Claims</li> <li>• Forms</li> </ul>	<p><b>Claims address</b> UnitedHealthcare Specialty Benefits P.O. Box 31328 Salt Lake City, UT 84131</p>	<p><b>1-888-299-2070</b></p> <p>Fax: 1-800-980-0298 (Accepting claims via fax)</p> <p>Unsecured email (accepting claim intake only): <b>FPcustomersupport@uhc.com</b></p>
<p><b>Evidence of Insurability (EOI)</b></p>	<p><b>Mail EOI applications to:</b> UnitedHealthcare Specialty Benefits Group Medical Underwriting Services P.O. Box 31330 Salt Lake City, UT 84131</p>	<p><b>1-866-615-8727</b></p> <p>Option <b>3</b>, then Option <b>1</b></p> <p><b>EOI applications can also be sent via:</b></p> <p>Email: <b>EOI_Underwriting@uhc.com</b></p> <p>Fax: 1-855-290-5224</p>
<p><b>Member/Employer Financial Protection Portal</b></p> <ul style="list-style-type: none"> <li>• View employer dashboard</li> <li>• Submit and manage claims and check claim status</li> </ul>	<p><b>myuhcfp.com</b></p>	<p><b>1-888-299-2070</b></p>
<p><b>Financial &amp; Reporting Department</b></p> <ul style="list-style-type: none"> <li>• W-2 (benefits payment report)</li> <li>• Tax Information</li> </ul>	<p><b>Reporting Department address</b> P.O. Box 31328 Salt Lake City, UT 84131</p>	<p><b>1-888-299-2070</b></p> <p>Fax: 1-888-505-8550</p>

\* **uhceservices.com** online administration may not be available to customers with 100 or more employees. Check with your UnitedHealthcare representative. Make eligibility changes online at **uhceservices.com**. If you don't have access to the internet, please fax or mail eligibility changes to us.

# Managing your benefits administration with uhceservices.com

Access to the [uhceservices.com](https://uhceservices.com)\* secure website allows you to manage most of your benefits administration in real time, increasing efficiency and saving time and money.

Use [uhceservices.com](https://uhceservices.com) to:

- Access contracts and plan information that need to be distributed to plan participants
- Enroll, verify or change status of employees and dependents immediately
- Retrieve forms for processing benefit requests:
  - Evidence of Insurability
  - Short-term disability (STD) claim form
  - Long-term disability (LTD) claim form
- View, sort and search invoices for current and prior months
- Request adjusted invoices after adding/changing employee eligibility
- Authorize payments to UnitedHealthcare Specialty Benefits; choose when to view and pay bills

If you don't have internet access, please follow the steps outlined on page 14. You may also get in touch with us by referring to the contact information on page 4.



**This disability insurance administration guide is merely a guide and under no circumstances does it take the place of your group policy. For specific legal guidelines and requirements, please refer to your group policy.**



\*[uhceservices.com](https://uhceservices.com) online administration may not be available to customers with 100 or more employees. Check with your UnitedHealthcare representative.

# Employer responsibilities, eligibility information and Evidence of Insurability

## Eligibility requirements and responsibilities

Once an employee satisfies the eligibility requirements, the coverage begin date is determined by the funding of premiums, whether you as the employer contribute to premiums or whether the employee pays some portion.

Premium funding and definition	Eligibility requirements	Employer and applicant responsibilities
<p><b>Non-contributory:</b> Employer pays 100% of premium. Employee does not contribute to premium.</p>	<p>All newly hired eligible employees should be added to the coverage no later than 31 days from the expiration of any applicable waiting period in the policy. Please refer to your group policy for your exact eligibility requirements.</p>	<p><b>Employer:</b></p> <ul style="list-style-type: none"> <li>• Add newly eligible employees to plan via <a href="http://uhceservices.com">uhceservices.com</a></li> <li>• Provide benefit details to employee</li> </ul> <p><b>Applicant:</b></p> <ul style="list-style-type: none"> <li>• <b>Complete Beneficiary Designation form</b></li> </ul>
<p><b>Contributory/voluntary:</b> Employee pays some or all of premium</p>	<p>All newly hired eligible employees should be given the opportunity to apply for coverage within 31 days of the date the employee satisfies any applicable waiting period in the policy. Please refer to your group policy for your exact eligibility requirements. Any employee and/or dependent who applies for insurance more than 31 days after the date of eligibility is considered a late applicant. See Evidence of Insurability for additional information on late applicants.</p>	<p><b>Employer:</b></p> <ul style="list-style-type: none"> <li>• Add newly eligible applicant who opts to enroll in coverage via <a href="http://uhceservices.com">uhceservices.com</a></li> <li>• Provide benefit details to employee</li> </ul> <p><b>Applicant:</b></p> <ul style="list-style-type: none"> <li>• <b>Complete Beneficiary Designation form</b></li> <li>• Complete timely enrollment in plan when offered by employer</li> </ul>

## Evidence of Insurability definition

If an employee or spouse is enrolling in or making changes to STD or LTD insurance offered through the employer, they may be required to complete Evidence of Insurability (EOI). EOI is a statement about an individual's overall health. EOI may also be referred to as Proof of Good Health, Statement of Health, Medical Underwriting, etc. by other carriers.

## EOI application

When EOI is required, an EOI application will be available for completion. The EOI application is a list of questions, such as demographic information, medical information, current coverage and coverage being applied for that the employee and/or spouse completes and submits to our EOI underwriting team for consideration.

## What products may require EOI?

Relationship	Products
<b>Employee</b>	<ul style="list-style-type: none"> <li>• Basic life</li> <li>• Supplemental life</li> <li>• STD</li> <li>• LTD</li> </ul>
<b>Dependent spouse</b>	<ul style="list-style-type: none"> <li>• Basic dependent life</li> <li>• Supplemental dependent life</li> </ul>
<b>Dependent child</b>	<ul style="list-style-type: none"> <li>• Not required</li> </ul>

# EOI employer and applicant responsibilities

Role	Responsibilities
Employer	<p>Review plan documents and provide EOI form to applicants when required.</p> <p><b>Note:</b> We will not reach out to request Evidence of Insurability forms. It is the responsibility of the Plan Administrator to identify when EOI is triggered and provide the necessary application to the employee.</p>
Applicant	<ul style="list-style-type: none"> <li>• Complete EOI form if requested</li> <li>• Respond promptly to any additional requests for information from the underwriting team reviewing the application</li> </ul> <p><b>Note:</b> Coverage is not available when EOI is requested until written approval of the EOI application is received from underwriting.</p>

## Premiums and EOI

If EOI is required, do not begin payroll deduction or submit premium to us for new amounts or increases in coverage until a written Notice of Approval is received from our EOI underwriting department.

## When is EOI required?

**Guarantee Issue (GI):** Guarantee Issue is an amount of coverage that is offered without proof of good health, as long as it is enrolled in during the time frame and parameters set by the group policy documents including policy, certificate of coverage, benefit summary and sold proposal (only if approved by underwriting).

### Non-contributory STD and LTD:

- All scenarios except rehire – EOI is not required unless policy/proposal documents outline an exception
- Rehire – Unless policy documents/proposal provides exception, a rehired employee will follow the guidelines for a new hire

**Spouse coverage:** If employer does not contribute 100% of the premium for spouse coverage, refer to the contributory guidelines in the table below.

Scenario	Contributory/voluntary
Initial open enrollment for new group policy	<p>If employee/spouse is applying within 31 days of initial effective date, and requests coverage <b>above the GI</b> but no more than the policy maximum</p> <p><b>Exceptions:</b></p> <ul style="list-style-type: none"> <li>• If employee/spouse had existing coverage under prior policy that was grandfathered (takeover provision) by new insurer <b>above the GI</b>, EOI is not required</li> <li>• Policy documents/proposal may provide additional reasons that do not require EOI</li> </ul>
New hire	<p>If employee/spouse is applying within 31 days of the date of eligibility and requests coverage above the GI but no more than the policy maximum</p>
Late entrant	<p>If employee/spouse is applying 31+ days past date of eligibility, regardless of amount of coverage requested</p> <p><b>Exception:</b> Policy documents/proposal may provide additional reasons that do not require EOI</p>
Qualifying Life Event	<p>EOI is required for all new coverage and increase requests, regardless of amount of coverage requested</p>
Annual/open enrollment	<p><b>Exception:</b> Policy documents/proposal may provide additional reasons that do not require EOI</p>
Increase in coverage	
Rehire	<p>Unless policy documents/proposal provide exception, a rehired employee will follow the guidelines for a new hire</p>

# Guarantee Issue examples

The following generic examples apply to the scenarios listed below when GI is available:

- Initial open enrollment for new group policy
- New hire
- Qualifying Life Event

The examples below are not comprehensive and are not specific to your policy. The policy documents may outline exceptions.

Product	Scenario	EOI requirements for scenario
<b>Basic Life</b>	<ul style="list-style-type: none"> <li>• Policy max: \$100K</li> <li>• GI: \$50K</li> <li>• Coverage amount requested: \$100K</li> </ul>	<ul style="list-style-type: none"> <li>• Needed for additional \$50K during initial eligibility period</li> <li>• Needed for \$100K if late entrant</li> </ul>
<b>Supplemental Life</b>	<ul style="list-style-type: none"> <li>• Policy max: \$200K</li> <li>• GI: \$150K</li> <li>• Coverage amount requested: \$200K</li> </ul>	<ul style="list-style-type: none"> <li>• Needed for additional \$50K during initial eligibility period</li> <li>• Needed for \$200K if late entrant</li> </ul>
<b>STD</b>	<ul style="list-style-type: none"> <li>• Plan design: 60% up to \$1,000 per week</li> <li>• Contributory</li> </ul>	<ul style="list-style-type: none"> <li>• Needed for <b>late entrants only</b></li> </ul>
<b>LTD</b>	<ul style="list-style-type: none"> <li>• Plan design: 60% up to \$5,000 per month</li> <li>• Contributory</li> </ul>	<ul style="list-style-type: none"> <li>• Needed for <b>late entrants only</b></li> </ul>



# Providing EOI form to applicants

If your employee must provide EOI, you can choose from the options below for EOI submission.

## Online application option via [uhceservices.com](https://uhceservices.com)

- Groups situated in the following states: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VI, VA, WA, WV, WI, WY
- Log on to [uhceservices.com](https://uhceservices.com). Click on Resources > Forms.
  - States: Situs state of employer
  - Group Size: Select 2–100
- Scroll down to “Installments, Applications and Enrollments,” then “Specialty.” Click and download the PDF for the applicable EOI application based on the group’s situs state.
- The PDF will have 2 links: 1 for an employee application and 1 for a spouse application. Each applicant needs to complete their own form.
- Please provide the applicant with the appropriate link along with the group name, group number, inforce coverage and amount(s) being applied for. The applicant cannot complete the application without this information.
- The applicant can use one of the following options to complete the application:
  - Complete form online, sign electronically and the application will automatically route to our underwriting department
  - Follow the Adobe sign instructions on how to print a copy of the application, complete the application, print, sign in black ink, date, then email, fax or mail to UnitedHealthcare Group Medical Underwriting Services

## Download an application

- Groups situated in following states: MA, NH, NJ, NM, NY
- Log on to [uhceservices.com](https://uhceservices.com). Click on Resources > Forms.
  - States: Situs state of employer
  - Group Size: Select 2–100
- Scroll down to “Installments, Applications and Enrollments,” then “Specialty.” Click and download the PDF for the applicable EOI application based on the group’s situs state.
- The PDF will have 2 links: 1 for an employee application and 1 for a spouse application. Each applicant needs to complete their own form.
- Download and print the appropriate application(s), fill in the applicable employer sections, then give the application to the applicant to complete the applicant sections.
- The applicant should then print the application, sign in black ink, date, then email, fax or mail to UnitedHealthcare Group Medical Underwriting Services. **Note:** The applicant must physically sign the application. Electronic signature not accepted in these states.

### Employer (plan administrator) responsibilities:

- It is the responsibility of the plan administrator to identify when EOI is required and provide the necessary application for the employee

## When coverage begins

Most policies have eligibility requirements that include, but are not limited to, satisfying a waiting period and working the minimum number of hours to be considered actively at work.

Standard waiting periods can vary depending upon your selection. Available options include no waiting period, the first day of the month following the date of hire or the first day following the completion of any specific number of days (e.g., 30, 60, 90, etc.). The minimum number of hours required to be considered actively at work also depends on your selection.

**Note:** When an employee is absent from work due to an illness on the date our policy becomes effective, the employee will not be eligible for coverage until the date the employee returns to active work, as defined by the policy.

## Certificate of Coverage

The Certificate of Coverage will be posted to [uhceservices.com](https://uhceservices.com) for the plan administrator to access. The Certificate of Coverage can be found on [uhceservices.com](https://uhceservices.com) > **Plan & Rate Information** > **Scroll to Product Line** > **Member Handbook**. Individual Certificates of Coverage may be provided to insured members by the employer. UnitedHealthcare does not provide Certificates of Coverage on a member level.

## Retroactive eligibility adjustments

All requests for additions, changes and terminations of eligibility must be submitted within 60 days of the effective date. The 60-day limit is used unless prohibited by state law or by the policy.

## Continuation of coverage

Life coverage is not subject to COBRA. For continuation of coverage details, please refer to your policy.

**Note:** If your policy is issued in the State of Minnesota, additional coverage options may exist under the State Mandated Continuation of Life Coverage section in your policy. Please contact your Account Manager for more information.

### Employer (plan administrator) responsibilities:

- When an employee falls out of coverage as a result of full or partial reduction in the minimum hours required, provide the employee with the Request for Portability form which can be accessed as outlined above
- Complete the employer portion of the form

### Employee responsibilities:

- Complete the Request for Portability form and pay premiums due within 31 days of your full or partial reduction in the minimum hours required for coverage under the policy

## Salary updates

### Employer responsibility

- Employer required to provide salary updates because premiums are based on earnings

# Billing and payment information

The **Billing & Payment** tab on [uhceservices.com](https://uhceservices.com) offers fast service, simplified invoices, downloadable data, real-time calculations and payments.

- A reminder email is sent to you every month when your invoice is ready for review and payment on [uhceservices.com](https://uhceservices.com).
- From [uhceservices.com](https://uhceservices.com), click on the **Billing & Payment** tab to view, sort or download current activity, view account balance and past due aging payment history, as well as submit payments.
- If you make eligibility changes after the original invoice generates, you can request a new adjusted invoice.
- You can elect to submit payments electronically through Scheduled Direct Debit located on the **Billing & Payment** tab. Scheduled Direct Debit is an automatic monthly debit made on the due date of your invoice from a designated checking account. To set up Scheduled Direct Debit or establish an online payment method, go to the **Billing & Payment** tab of [uhceservices.com](https://uhceservices.com) and select **Edit Payment Method** in the menu bar.
- If you don't have access to [uhceservices.com](https://uhceservices.com), please call Customer Service at **1-888-842-4571** to pay by phone or see the back page for paying paper invoices.

## Payment due date

To ensure uninterrupted coverage, we must receive your payment by the payment due date each month. If we do not receive your full premium payment by the end of the month when payment is due, your policy is subject to termination (see your master group policy).

## Waiver of premium

Premiums for LTD are automatically waived once a claim is approved, provided the disability extends beyond the period required to qualify. The employee and employer receive a notification from the claims area indicating "Your waiver of premium is effective MM/DD/YYYY." The premiums will be adjusted.



# How to file a short-term and/or long-term disability claim

## Claim submission

For assistance regarding disability claims, please call **1-888-299-2070**.

### How do I submit a claim?

Complete the claim form, which includes separate portions for the employer, employee and the employee's physician. To avoid a delay in processing a claim, be sure to completely answer all questions on the claim form and include a signed authorization by the claimant/employee.

- 1 Complete the employer's portion of the claim form.
- 2 Ask the employee to complete the employee portion of the claim form, and get the physician's portion of the form completed. Tell the employee to include as much information as possible.
- 3 Submit all pages of the claim form (original copy is not required):
  - **FAX** completed forms to: 1-888-505-8550
  - or**
  - **MAIL** completed forms to:  
UnitedHealthcare Specialty Benefits  
P.O. Box 31328  
Salt Lake City, UT 84131

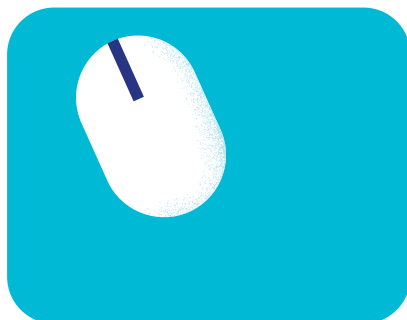
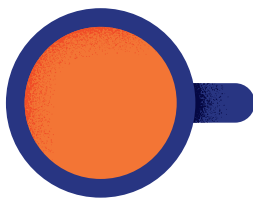
### Employer portion:

- Completed employer portion
- Job description and physical requirements
- Enrollment documentation (if the employee pays any portion of their premiums)
- Payroll records (refer to your policy definition of Pre-Disability Monthly Earnings for details on what is needed)

### Employee and physician portion:

- Submit the completed claim form to UnitedHealthcare for processing:
  - Email: [FPcustomersupport@uhc.com](mailto:FPcustomersupport@uhc.com)
  - Fax: 1-888-505-8550
  - Mail: UnitedHealthcare Specialty Benefits  
P.O. Box 31328  
Salt Lake City, UT 84131

**Note:** Claims should be submitted as soon as the employee believes that the disability will last as long as the elimination period. For disability tracking purposes, it is preferable to receive a claim during the elimination period rather than have to obtain medical information retroactively after the elimination period has been satisfied. Advise the employee to include as much medical information as possible.



# Tax withholding, reporting and W-2 services

Federal IRS regulations require that employees who received sick pay (or disability benefit payments) from a third-party vendor during the current tax year must be issued a Form W-2 no later than Jan. 31 of the following year. Therefore, it is your responsibility to provide the current year Form W-2 to your employees, which must include all the following information as applicable:

- Sick pay subject to income tax;
- Sick pay not subject to income tax;
- Sick pay subject to Social Security and Medicare tax; and
- The employee's Social Security, Medicare, and federal and state income tax withheld and deposited by the third-party payer

UnitedHealthcare offers tax withholding, reporting and W-2 services to our fully insured customers. To request this service, contact us at the applicable phone number or address on the Contacts page. We must receive your request no later than Dec. 31.

We will provide you an annual Benefit Payment Report for the calendar year that ended Dec. 31 in January of the following year. This report contains details of payments we made under your disability program, including taxes withheld, and may help with your Form W-2 filing requirements.

Please remember that it is the employer's responsibility to remit the employer FICA match amount, and calculate and remit the unemployment tax amount for all disability benefit payments subject to FICA withholding.

We understand that tax laws governing disability benefit payments are complex. We recommend reviewing the report with a tax advisor before completing your Form W-2 filings.

Please contact your UnitedHealthcare representative with any questions about our tax withholding, reporting and W-2 services.



## Tax preparation services for groups with benefits package that includes STD or LTD insurance

Employers are responsible for providing W-2 forms to employees who receive disability benefits. If you would like UnitedHealthcare to provide W-2 services for disability claimants, you must complete a Limited Agency Agreement. This form can be found on [uhceservices.com](https://uhceservices.com) > Resources > Forms.

You will need to complete the form and send it back to UnitedHealthcare no later than November of the tax reporting year (for example, if you want W2s for 2023, we need the Limited Agency Agreement by November 2023). Submission instructions can be found on the document.



# Administering benefits offline

If you don't have or temporarily lose access to the internet, please follow the process outlined below to help us administer your benefits. Refer to page 4 for contact information.

## Enrolling employees

- Employee completes, signs and dates the Employee Enrollment form within 31 days of the date they become eligible to enroll. (See eligibility requirements in your group policy.)
- Employer completes the Employer section of the Employee Enrollment form, and reviews the form for accuracy and completeness. See page 4 for the mailing address or fax number. You should keep a copy of all completed forms.

## Reporting employee changes

Call us immediately with any employee name, address or telephone number changes. Please have your group number and the employee's identification number available.

When an employee's hours are reduced and fall below the minimum hours to be eligible for coverage, they may fall out of an eligible group. Different products may have different minimum hour requirements for eligibility. Please refer to your policy for more details.

### Terminating employees

- Call us immediately to report an employee's termination. If you do not call, you will continue to be charged for that employee's coverage.
- Please have your group number and the employee's name and identification number available

**Note:** We will continue to charge you for a terminated employee's coverage if you do not process the termination online or call to notify us of a termination.

## Paying paper invoices

If you receive a paper invoice, please pay the amount billed and do not adjust your invoice. If we do not receive your UnitedHealthcare Specialty Benefits changes in time to be reflected on your current invoice, additions or terminations will be reflected on the next invoice. Any refunds, credits and back charges will appear as an adjustment on next month's invoice.

The bottom portion of your invoice is the return payment stub. To ensure that we apply your payment correctly, return the payment stub and check only to the address on the payment stub.

**Important:** Do not send any other correspondence or materials with your paper payment. Written changes included with your payment stub will not be processed.

# Long-term disability – your well-being is what matters most

Medical issues can take a toll on your work and home life. To help you through difficult times, the UnitedHealthcare Member Assistance Program (MAP) provides you and your family personal and confidential support, 24 hours a day, 7 days a week.

## The help you may need, at no extra cost

- **Unlimited phone access to master’s-level specialists – 24/7**
- **Up to 3 referrals for face-to-face counseling sessions\*** – Our national network includes 218,000 clinicians<sup>1</sup>
- **Help dial down possible symptoms of stress, anxiety and depression** – Self Care is an app that offers techniques and coping tools, community support and guided journeys
- **One legal consultation for 30 minutes** – Meet with an attorney by phone or in person; retain an attorney for ongoing services at a 25% discounted rate\*\*
- **A 30- to 60-minute financial consultation** – Discuss estate taxes and other financial matters with credentialed financial professionals
- **Access to [liveandworkwell.com](https://liveandworkwell.com)** – Easily and securely find a provider and work-life resources, confidentially connect to expert guidance and explore thousands of articles

Maintaining your privacy and confidentiality is of the utmost importance. All records, referrals and evaluations are kept private and confidential in accordance with federal and state laws.



## Access your MAP benefit today

Call **1-877-660-3806, TTY 711**. Translators are available for non-English speakers.

Visit [liveandworkwell.com](https://liveandworkwell.com). Enter anonymously using access code **FP3EAP**.



## Join Self Care

Go to [liveandworkwell.com](https://liveandworkwell.com) and select the Self Care tile to get started.



\*There is no charge for referrals or for seeing a clinician within our network for up to 3 visits per issue.

\*\*Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare, its affiliates or any entity through which the caller is receiving services directly or indirectly.

