

Frequently Asked Questions

- 1. How does Voluntary Long Term Disability work with other benefits ?** Payments begin after the 30-day elimination period has been met, even if you have Colonial, AFLAC, or other individual plans but not as long as you are getting paid 100% of your normal pay by your employer for sick leave or receiving Worker's Compensation. You will receive some payments anytime you are getting less than 100% of normal pay.
- 2. How long do I have to wait before filing a disability claim?** You may file a claim anytime after your effective date. However, claims filed within the first 12 months of enrolling may have to be investigated in order to determine whether the condition is considered pre-existing. Although you may have been accepted into the plan with a pre-existing condition, pre-existing conditions are excluded from coverage during the first 24 months.
- 3. What is the maximum disability insurance I can get?** We give the maximum allowable by law (60% of income).
- 4. Can I get my money refunded if I am dissatisfied?** In terms of refunds, Disability insurance works like your Health and Dental insurances. It is unlikely that the insurer will return premiums to you for months that the insurer has already provided you with coverage since unlike tangible items, coverage cannot be physically returned by you in exchange for getting your money back. Some insurances come with a *return of premium* option that you can get at an additional cost. But this option only allows premiums to be returned to you as a reward for staying in the plan for a required period of time, such as 20 years. If you feel that you are owed a refund because of something the insurer did wrong, then you can write to the insurer and request a refund, however.
- 5. How do I file a disability claim?** By contacting the claims department after the 30-day elimination has been met and first referring to your certificate booklet for your group and certificate numbers. Claim forms may also be downloaded at wbatins.net.
- 6. Can I cancel at any time?** You may cancel anytime by faxing or mailing your written cancellation notice to WBAT Ins, which will assist you with terminating both your policy and the payroll deductions.
- 7. What role does the union play?** The union obtains a lump sum premium payment (consisting of individual premium deductions) that has been forwarded to them by the LA Co Auditor/Controller and directs it to the insurer in a blanket payment each month. With regard to this, the union's obligation is to the insurer, not the individual. Therefore, individual intentions such as refund requests and complaints should never be directed to the union.
- 8. Who should I contact if I have a question?** You should always contact your representative first. You may also contact WBAT Ins or the insurer direct.
- 9. Who is WBAT Ins?** WBAT Ins bridges the gap between the insurer, which is accustomed to providing group insurance and it's customer base to help meet the needs of the individuals by assisting with new enrollments, cancellations and other individual needs.
- 10. How do I cancel my disability insurance or Supplemental Retirement?** Cancellation is required to be in writing and may be faxed or mailed to WBAT Ins., which will see to it that both your policy and payroll deductions are terminated.
- 11. What if I already have Colonial or AFLAC?** Colonial and AFLAC are individual plans and since this

is a group plan, your benefit will not be offset. However, we cannot determine what effect, if any, payments received by this plan will have on benefits received by your individual plans.

12. **What if I have a pre-existing condition?** Unless it is during open enrollment, you will be required to complete a one-page health questionnaire consisting of only six health questions. A pre-existing condition may have an effect on whether you are accepted into the plan. During open enrollment when everyone is accepted, pre-existing conditions are excluded from coverage during the first 24 months.
13. **Am I the policyholder?** As the policyholder, the union retains the original policy. Since this is a group plan, individual insureds get certificate booklets that provide detailed coverage information and serve as proof of coverage. Prior to receiving the certificate booklet in the mail (at the time of enrollment), insureds receive a summary of benefits that may be used to obtain plan information. Once received, the insured should always refer to the certificate booklet before making a claim.
14. **What if I wish to make a complaint concerning my disability insurance?** If your complaint is about your payroll deduction, it should be addressed to the union and if it is about the plan itself, then to the insurer. In either case, it must be directed to enrollment company, which will forward your concerns to the appropriate place.
15. **What happens if I cancel but my deductions don't stop right away?** Please allow at least two deductions before contacting us as cancellations may take up to two months. If they continue beyond that, then you will be refunded only the premiums that continued after cancellation.
16. **What is the benefit of having group insurance?** Having group insurance means shared risk to the insurer. That usually translates to you as beefier benefits and lower premiums.
17. **What happens if my deductions start late?** Payroll deduction is a free service provided by the union for the convenience of making premium payments automatically through payroll deduction. However, making sure premiums are paid is still the responsibility of the individual insured. Therefore, if premium deductions do not begin and you fail to notify the union immediately, then the union may not be held liable if the insurer terminates your coverage. It is advisable and expected of everyone to check for premium deductions to begin during the next pay cycle after applying. ***Do not wait until filing a claim to do so or you may not be covered!*** If premiums are not paid, either of the following could occur: (1) Your coverage could terminate; (2) The insurer could ask for back premiums owed; or (3) the insurer could delay your coverage until premium payments begin.
18. **What are the reasons for deductions failing to begin?** Deductions may not start for any number of reasons. The most common reasons are: misspelled name, hyphenated name, name change due to marriage or divorce, change of work location, middle initial, etc. For this reason, it is important to write legibly and make sure your name matches the way it is written on your paycheck stub exactly.
19. **How long does underwriting take?** Although the insurer may take as long as necessary, customarily, it takes up to 30 days. Usually, if it goes beyond that, it is because of a tie-up in medical underwriting and you may need to contact your doctor to make sure they are cooperating by providing a *physician's statement*.
20. **I expect my cancellation to take effect IMMEDIATELY. So, if it doesn't, I will get a refund, won't I?** It is simply not possible to cancel payroll deduction immediately. Here's why: you turn in your request to your agent and they, in turn, notify both the union (during window period only – on the 25 th of each month) in addition to the insurer. The union then passes your request on to your employer at month end. Although there may be some exceptions, by this time, it is already too late to prevent the following month's deduction from occurring. At any rate, it also took up to 60 days to get your deduction going so, the insurer agreed to accept payment in the rear, which means you were covered even before they received their first premium payment. Ultimately, what it also means is those last two deductions occurring after cancellation brought your premium

payments current. So, just to be sure, before a refund is issued, you will be required to produce a paycheck stub showing 1 st and last deductions. This way, neither the insurer nor you will ever get cheated out of money.

- 21. But, I feel it is not fair that my payroll deduction was delayed, never got started, or suddenly stopped. Who is to blame for this?** Unfortunately, this is what we often hear when an employee wants to file a claim and discovers that their protection has lapsed because they failed to notify us that their premiums were no longer being deducted. It is not our responsibility nor is it within our power to find out whom, if anyone, has dropped the ball. Because this system as it is designed inherently has errors in it, we cannot guarantee that somewhere between completing your application, turning in your payroll deduction authorization (pda) to your agent, and your employer deducting your first payment that something won't go wrong. One reason is we have no way of tracking and no control over your payroll deduction authorization once your employer receives it. Plus, initially, we have no way of knowing if your pda matches your paycheck stub or is error-free in the first place. Besides all this, since applications are hand-written, illegible writing can lead to errors putting the blame squarely on you, the applicant. So, although rare, this sometimes does occur. But when it does, it is up to you to notify your agent immediately.
- 22. Oops, I want to file a claim but I just noticed that my premium payment has not been deducted for the past 3 months.** Don't let this happen to you. Most people will notice an unauthorized deduction and report it right away. Be just as vigilant when it comes to your premium deduction. Your insurer is already accepting payment in the rears, in other words, late so when premium deductions stop, your payment falls behind even more and every day that goes by that we are not notified creates an even bigger delinquency.
- 23. What must I look for after starting my new plan?** You will see Local 685 and code 448 on your paycheck stub when payroll deduction starts. You will also receive a certificate booklet along with a set of cancellation instructions, FAQs, Disclosures, and a newsletter. You are advised to call if you have not received anything within a month of applying or by the time payroll deduction has started.
- 24. Colonial refunds all money deducted after cancellation. What about you?** Colonial's situation is different from ours in that they control their own payroll slot, cutting out the middleman. Luckily for them, having greater control over your deductions probably means your payments don't have to be made in the rears in addition to cancellations taking effect more quickly, a benefit stemming from having been around so long. Money deducted after cancellation, therefore, should be fully refundable.
- 25. What happens if premium deductions stop?** This means your premium is not being paid and your protection is in danger of being terminated. So, if this should happen unintentionally, you must contact your agent *immediately* to get it going again.
- 26. Does payroll deduction automatically mean I am covered?** You may have been forewarned by a well-meaning agent to look for your first deduction as a sign of coverage, but while this is usually true, it is not always the case. Payroll deduction is no guarantee that your premium is being paid. For this reason, you should wait until you receive your certificate booklet in the mail before assuming you are covered. If not, call immediately to make sure that you are in the Fortis system. Once in the system, you can then assume you are covered unless premium deductions stop.
- 27. I received my certificate in the mail even though payroll deduction has not started. Am I covered?** Yes but not for long if you don't contact your agent to make sure premium deduction starts. Your insurer is only concerned about receiving premium payment. They don't care how it gets there. However, you have arranged to have your premium payment deducted directly from your paycheck. This is usually one of the best and safest ways to make payment. But your authorization for payroll deduction could fail for any number of reasons and the union is not liable if this happens.
- 28. I want to keep my current plan until I am approved with you but I want to avoid paying both premiums. Can I be assured of this?** Unfortunately, not. When you applied for coverage, you also turned in a

payroll deduction authorization (pda), which automatically starts deduction in up to 60 days provided there are no complications. Underwriting usually takes up to 30 days so you should already have an answer before payroll deduction starts but not always. While your decision to keep your current plan until being accepted into this one is a safe and commendable one, you assume the risk of paying for both in the event that you do not get your approval notice in time.

- 29. Do I have the option of making payments by automatic debit through my checking account or direct billing?** Not with any of the group plans such as disability or dental insurance. However, the answer is yes for individual health, life and supplemental retirement plans.
- 30. What is the benefit to having payroll deduction?** Payroll deduction is a free service that allows you to make premium payments without ever having to lift a pen once arrangements are in place for it.
- 31. Can I contact the union regarding my plan or payroll deduction?** The union that is providing this service to you receives no benefit from doing so. Nor do they assume any responsibility. After they receive your authorization for payroll deduction they simply use the information that you have provided to get it started and then when it does, it continues until you request to cancel. The union has no part in any decisions made about your plan and they are only able to forward money that has been forwarded to them by your employer. Because the union has limited staff, the union requests that you direct your questions to the enrollment company, your agent, or employer.
- 32. Can I receive benefits from this plan in addition to workers compensation?** This plan is designed for your use after your sick time or other employer-sponsored benefit is exhausted.
- 33. What if I lose my certificate booklet?** You may request another by mailing a self addressed stamped 6" X 9" envelope with \$1.06 postage with your request to WBAT Ins or by contacting Assurant. If you need to file a claim but do not know your certificate number, go to **wbatins.net** to check listing.

*All information should be verified with insurer at: **Claims/Customer Service – (800) 451-4531; fx (888) 208-2323.**

WHO TO CONTACT

Claims/Customer Service – (800) 451-4531; fx (888) 208-2323

**cancellation/refund requests:
P.O. Box 1232, Lakewood, CA 90714
(800) 834-1886 telephone; (800) 834-3072 fax
wbatins@yahoo.com; wbatins.net**