

How do I submit a Professional Overhead Expense Insurance claim?

Your guide to requesting benefits from your Group Professional Overhead Expense Insurance

When the unexpected happens, the AVMA LIFE Trust is here to help. This easy-to-use guide provides step-by-step instructions for filing a professional overhead expense claim. Once your claim is received by New York Life, you will be assigned a dedicated claims representative who will be available to answer any questions and ensure a fair and timely review of your request.

STEP 1: GET A CLAIM FORM

You can get a copy of the claim form in three ways:



ONLINE:

Visit avmalife.org.



PHONE:

Call 800-621-6360 to request a form.



EMAIL:

Contact CustomerService@AVMALIFE.org to request a form.

STEP 2: COMPLETE THE CLAIM FORM

Follow these page-by-page instructions for completing the claim form.

STATEMENT OF RECOVERY/RETURN TO WORK:

Retain this form for a later date. It is used to provide information related to your recovery date.

PAGE 1:

Provide personal information, monthly earned income (gross and net), hours worked prior to the disability, and the nature of the disability.

Collateral Assignment: Complete this section if a third party is listed on your policy as part of the terms to secure a loan or lease agreement.

PAGE 2:

Provide a description of your pre-disability work duties, current daily activities, and information related to provider(s) who have treated you for this disability.

PAGE 3:

List other benefits you are eligible to receive such as Social Security, retirement/pension plan(s), and/or other disability income policies.

PAGE 4:

Sign and date the "Authorization for Release of Information." Without your signature, we cannot gather medical information to process the claim.

PAGES 5 - 6:

Submit the "Medical Provider's Statement" to your physician to complete.

PAGE 7 - 8:

Read the State Fraud Notice for your jurisdiction.

PAGE 9:

"Request for Electronic Fund Transfer" (EFT). You can complete this form now and submit it with your claim form, or wait for a decision on your claim for benefits. The choice is yours.

OTHER REQUIRED DOCUMENTS: Include the following with your claim form :

1. Profit and Loss Statement for each month you are claiming benefits. If P&L Statement is not available, please complete a **Professional Overhead Expense Reporting form** for each month. Supporting documentation may also be requested. *(If you have a partnership, your share of business expenses can be updated in the claim submission form).*
2. Business federal tax returns (completed and signed Federal Tax Form 1040 with supporting schedules and documentation, including K1* form), for the two calendar years prior to your date of disability.
3. Completed payroll journals including a list of employees with job titles and dates of hire.

* K-1s are provided to the IRS with the partnership's tax return and also to each partner so that they can add the information to their own tax returns. For example, if a business earns \$100,000 of taxable income and has four equal partners, each partner should receive a K-1 with \$25,000 of income on it.

Continued on next page

STEP 3: SUBMIT THE CLAIM FORM

Your claim should be submitted once you stop working and know you will be out of work for an extended period of time. After you have completed your claim form, you can submit it in one of two ways:



MAIL:

AVMA LIFE Trust Program Administrator
1200 E. Glen Ave., Peoria Heights, IL 61616



FAX:

866-817-9009

WHAT HAPPENS NEXT?

- When we receive your claim, a dedicated representative will be assigned to your case. This person will coordinate all requirements and keep you informed if any additional information is needed.
- New York Life strives to evaluate and provide a fair decision on all claims as quickly as possible. Our goal is to provide a decision within **60 days** of receiving your claim. However, any delay in the submission or follow-up of medical records may slow the claims process.

Contestability Review: If a claim is submitted within two years from the effective date of medically underwritten coverage, New York Life will conduct a routine investigation to determine whether any adverse medical or financial history may have altered their decision to approve the coverage. This investigation will be completed, regardless of the cause, and will require the insured to provide a complete medical history for the five-year period prior to the effective date of coverage.

WHAT HAPPENS WHEN A DECISION IS MADE?

You will receive a written decision about your claim by mail. If approved:

- You will receive details about benefit payments, including the benefit start date based on your plans waiting period.
- New York Life will ask you for regular updates on your disability, including ongoing medical statements.
- New York Life will also ask for business expense details, and financial information, as needed, to ensure ongoing accuracy.

If your claim is denied:

- You have the right to appeal the decision.
- You can request a secondary review and may be asked for further details to support your appeal.

WHAT HAPPENS WHEN I RETURN TO WORK?

When you return to work, either full-time or part-time, you will need to update your claim examiner at New York Life in writing or by phone. Please complete and share the information requested on the "Statement of Recovery" page.

You can submit the "Statement of Recovery" in one of two ways:



MAIL:

New York Life Insurance Company
Group Membership Association Disability
Claims PO Box 228, White Plains, NY 10602



FAX:

866-817-9009

QUESTIONS?

Contact our Customer Support team:



EMAIL: CustomerService@AVMALIFE.org



PHONE: 800-621-6360



Underwritten by New York Life

Insurance Company

NY, NY 10010

Group Policy G-14884-0/GMR-FACE

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Veterinarian Inspired Coverage