

Routine requests on STD claims

Depending on the nature of your condition, Sun Life may request additional information from you. Below is a quick review of what you can expect after Sun Life receives your completed Short-Term Disability (STD) claim, and some routine requests that you can expect to see.

Claim assigned

Your completed STD claim is assigned to a dedicated analyst for review. Your analyst is part of a small regional team coached by a regional claims center lead.

You might hear from another member of this team during your experience with us. This ensures someone will always be available as new information is received or action is needed on your claim.

Initial claim review

Once we have completed our initial review of your STD claim, we will call you at the number provided on the claim forms and send you a hard-copy letter if anything else is required.

If at any time you have questions on the status of your claim or what is outstanding, please contact our STD Client Service number at 855-629-8811. This team is made up of trained professionals who can view your claim file. They work with your examiner to help you through the process.

Claim control # assigned

Once you have been assigned a claim control number, any additional documentation can be faxed to 781-304-5599 or emailed to: myclaimdocuments@sunlife.com.

Please be sure to reference your claim control # to help ensure it gets to the right place quickly.

Psychiatric-related claims

For claims that are psychiatric in nature, we will be looking for the following information to aid in our review:

Claimant questionnaire: This can be completed via phone or on paper and helps us understand your situation, from your perspective. While this is not a required part of the claim process, it is very helpful to our review.

Detailed treatment notes: We are looking for a copy of the dictated notes from any medical providers you are seeing while unable to work. This helps us determine if you meet the definition of Total Disability, based on your company's contract with Sun Life. We will request what is needed on your behalf if we have your completed authorization and the contact information for all doctors involved. Ultimately, you are responsible for furnishing proof of Total Disability.

Specialized Authorization form

For many claims, we work with a third-party administrator who assists in requesting your medical records. This helps remove some of the burden from you, and allows us to communicate directly with your providers to receive the needed treatment information as quickly as possible. Ensuring that Sun Life has any required authorization forms signed in a timely manner will help us work more efficiently on your behalf. The authorization form and HIPAA release are part of the initial claim packet and can also be found on the Sun Life website (www.sunlife/com/us) or by contacting your employer.

Please note that is it possible that some authorizations are required from providers, which means they may use their own specific forms. Feel free to contact us if, before signing, you would like to confirm an authorization coming from a provider other than Sun Life.





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Future dated surgeries or treatment

We will need to confirm that your surgery or treatment took place and that you stopped working, as planned. We cannot finalize our review until we are confident that your leave of absence from work has begun. Oftentimes, the treatment plan can change, or surgeries need to be rescheduled. A confirmation call from you or your doctor is sufficient in verifying that you stopped working, as planned.

Ongoing requests on approved claims

Sun Life will approve benefits through a date specified by information from your doctor, as well as industry-recommended guidelines for your condition or treatment. Oftentimes, we will require updates from office visits during your recovery. When we request these, we are looking for the treatment notes dictated at any appointments with your doctor. An out-of-work or return-to-work note is typically not sufficient. We want to understand what continues to physically or mentally limit you from returning to work. Specifically, we are looking for documentation that helps us determine your ongoing level of impairment.

After you have initiated your claim, all inquiries or follow-up questions can be directed to our short-term disability client service number at 855-629-8811, Monday through Friday, from 8 a.m. to 8 p.m. ET.