

Private Disability Insurance Claims

A Guide for People with MS and Their Healthcare Providers



**ANQUETTE
DIAGNOSED IN 2013**



**National
Multiple Sclerosis
Society**

Table of Contents

Introduction	3
Key Concepts in Private Disability Insurance	4
Filing Claims for Long-Term Disability: What You Need to Know.....	5
Physician’s Checklist.....	15
Glossary.....	17
MS Symptom Tracker	21

Appendices

A: Universal Attending Physician Statement (UAPS) for Multiple Sclerosis Disability Claim	27
B: Patient Symptom and Prescription Progress Report.....	36
C: Personal Letter From Patient to Doctor—Request to Complete Private Disability Forms	39
D: Our Office Protocol for Handling Patient’s Disability Claim Requirements.....	40
E: Cover Letter from Healthcare Provider to Insurance Company Submitting Universal Attending Physician Statement (UAPS)	42
F: Financial Responsibility for Completion of Universal Attending Physician Statement (UAPS)	43
Acknowledgments	44

Introduction

Disability insurance replaces some of the income that a sick or injured person is no longer able to earn. The process of filing a claim and securing disability benefits is challenging. This manual has been prepared to help people with MS and their healthcare providers collaborate to submit a successful disability claim:

- Understand the key concepts and terminology commonly used in private disability policies;
- Work with their doctors regarding the necessary medical support;
- Present a claim that is clear and well-documented;
- Follow a step-by-step approach through the claims process;
- Know what to expect if their claim is approved, and
- Know where to turn if their initial claim is denied.

Readers should know that this manual focuses on private, long-term disability insurance—the type often provided as a benefit of employment or purchased individually. Information to help secure disability benefits from the Social Security Administration is available online at nationalMSSociety.org/SSDGuide.

Private Disability Forms

For your convenience, we have developed a standardized set of universal forms to be used by you and your healthcare providers during the private disability process. Those forms are listed in the **appendices** of this guide. The forms were developed to be a reflection of the documentation that insurance providers typically require. You should check with your insurance company to verify if other forms are needed. We encourage you to provide any necessary forms to your healthcare provider as early in the process as possible.

Key Concepts in Private Disability Insurance

Private disability insurance policies can vary significantly. Understanding the provisions of your policy begins with reading it over carefully and becoming familiar with the key concepts and terminology it uses.

There is an important distinction between short-term and long-term disability insurance. Employers often offer short-term disability to their workers or union members. Some states require employers to provide short-term disability coverage.

It is not unusual for people with MS to pursue long-term disability after being on short-term disability because they are unable to return to work. Eventually, many people receiving long-term disability benefits apply for Social Security Disability as well. In fact, long-term disability plans typically require policyholders receiving benefits to apply for Social Security disability benefits within a certain amount of time after their private benefits begin, such as six months. Confusion between the various sources of disability benefits is understandable, and the National MS Society has resources to help.

As you read through your disability insurance policy, use the **glossary** in this guide to understand terms you might not recognize related to benefit provisions and limitations. All of the terms in bold appear in the **glossary**, as well as many others.

It is especially important for you to understand the following:

1. If you have short-term, and/or long-term disability benefit coverage;
2. The length of time you will have to wait before your benefits begin **(elimination period)**
3. Review provisions in the long term disability policy that limit claims or affect your eligibility for benefits, such as a pre-existing condition clause
4. How your policy defines 'disability' (e.g., the inability to perform your **own occupation, or any occupation**);
5. If the terms, or definition of disability in your policy may change at some point (such as switching from 'own occupation' to 'any occupation' after a certain period of time);
6. How your benefit amount will be calculated, including any **offsets** (dollars that can be deducted from your benefit); and
7. How long the benefits will last **(payment period)**.

If you are still unsure about the meaning or implications of a certain provision in your policy, ask your employer's benefits personnel or insurance broker for clarification.

Filing Claims for Long-Term Disability: What You Need to Know

Q: How should I decide when to stop working and go on disability?

A: The decision to stop working can be a complex one for many people with MS, and you should consider it carefully with your family, doctor and employer. Have you thoroughly considered other options, including all reasonable accommodations, taking an unpaid medical leave, and alternatives to your current job?

The National MS Society has resources to help you and others learn more about these options. Start by visiting [nationalMSSociety.org/employment](https://www.nationalMSSociety.org/employment).

It is important for you to pursue any and all reasonable accommodations that could help you stay on the job. Most group policies require you to file within 30 days of the date you stop working.

Q: What steps should I take before I file for benefits?

Step 1. Obtain a copy of the “summary plan description”, which is a document that describes the benefits your employer provides to you. Also, attempt to get a copy of your policy from your employer and read it carefully. Make sure you understand the type of policy you have, and especially how it defines ‘disability’ so you and your doctor can discuss whether and how you might qualify. If possible, review a copy of a claim form and familiarize yourself with the information it requests and any deadlines.

Step 2. Call your doctor’s office and schedule an appointment to discuss your medical status and difficulties performing your duties. Understand that the burden is on you and your doctor to prove that you are impaired by your MS symptoms to continue performing the required tasks of your job. You need to make sure that you have your doctor’s support for your claim. If possible, it is important to see your doctor before you stop working and know that your doctor has told you to stop working or agrees that you should stop working. The tools in this manual will help you prepare for your discussion with your doctor.

Step 3. Prior to your appointment with your physician, begin a diary of your MS symptoms using the enclosed Symptom Tracker (see [page 21](#)), or something like it. You’ll want several weeks of daily records to show your doctor, so we’ve enclosed three one-week charts.

At the same time, make a list of all of the physical and cognitive demands of your typical workday, including the specific requirements of your job and the exact ways that your MS symptoms interfere with them. Use your job description, work calendar or other records to make sure you do this step thoroughly, and get help from a co-worker or family member if needed. Do not hesitate to include other things that may not appear on your job description, such as a requirement that you physically attend meetings, make presentations, direct others, and use the computer extensively.

Here are two examples:

Karen is a 39-year-old development officer for a nonprofit organization in Atlanta. Diagnosed at age 26, Karen now has significant vision loss, fatigue and depression, and uses a walker. What follows is a list of specific job responsibilities from her job description and her comments about the MS symptoms that are keeping her from doing the job functions she used to be able to perform. This list can be useful in helping her doctor understand how MS is impacting her job.

Responsibilities	Impact of MS symptoms
<p>Research foundation grant opportunities, write funding proposals</p>	<p>The significant vision loss in both eyes I suffered as a result of my last exacerbation two months ago means I now have extreme difficulty reading the foundation profiles online, as well as their print materials (annual reports, applications and correspondence) or anything else that does not come in large type.</p>
<p>Maintain department schedule and calendar of required foundation reports, audits, site visits and other relevant deadlines.</p>	<p>Despite my colleagues' efforts to assist by making a very large, hard copy, color-coded calendar for my office, it is nearly impossible for me to read and translate small print material onto the calendar now.</p>
<p>Participate in all senior staff, Board and Development Committee meetings and donor events. Develop and maintain donor recognition activities and awards. Work with events planning and communications teams on special activities and recognitions in local communities.</p>	<p>My fatigue is now making it impossible for me to work more than 4–5 hours without lying down, let alone the 1–2 evenings per week typically required for committee meetings or donor events.</p>

Scott is a 52-year-old stage manager for a major ballet company. Diagnosed at age 46, Scott has movement problems in his hands and arms, headaches, memory problems and frequent urinary tract infections. Using his calendar, he described to his neurologist some demands of a typical workweek.

Responsibilities	Impact of MS symptoms
Strike ‘Nutcracker’ set, update inventory of all lights, sound equipment	I am less and less able to lift/carry equipment, and recently dropped and broke an expensive light.
Review current invoices, receipts, go over budget and actuals with Joan	My organizational skills are deteriorating significantly. I am losing track of smaller receipts and items without purchase orders. I am forgetting a lot more and getting confused by the paperwork.
Chicago meeting—check systems compatibility	Based on your recommendation that I not fly until my headaches and bladder infection are more manageable, I had to assign this task to an assistant.

Bring your completed MS Symptom Tracker (see **page 21**) and list of job activities to your doctor, and review them together. Ask your doctor if there are any tests they recommend you have to help support your claim.

Step four. If you have not stopped working already, do so and notify your employer. If you are still working, you and your doctor can work together to decide about when to stop working, such as “if or when you are only able to remain alert for ‘x’ hours a day and/or when your spasticity makes it too difficult to sit at a desk”.

Ideally you can coordinate your last day of work with a doctor’s visit to document your status and confirm your doctor will certify your claim.

Q: When should I file my claim?

A: You should file right after you stop working, and before the deadline (usually a certain number of days after your last day on the job). By and large, insurance companies will accept a late-filed claim but often require you to explain the basis for the delay. Understand that you may be required to get more documentation to support your disability claim after the form has been submitted. Eventually, your employer and doctor will have to fill out their own forms to complete your application for benefits. Understand that claim forms can vary significantly.

Q: What happens once I file my claim?

A: Your insurer will acknowledge receipt of your claim either in writing, or with a phone call. Be careful of anything you say to them over the phone. Use your list of job-related activities and symptoms to answer their questions accurately and thoroughly, and when you are not distracted or overly-exhausted. They may provide some information in writing about their process and timeframe for evaluating your claim.

After you file your claim, your insurer will describe the types of documentation they want from your doctor. Based on the insurer's requests to your doctor, they may now recommend you have some additional tests or assessments done to help support your claim.

Q: If I have already reduced my work schedule to accommodate my MS, should I still wait until I stop working entirely before filing my claim?

A: Possibly. However, if your policy's waiting (or elimination) period includes time you spend working a reduced schedule (known as residual disability), you may want to file your claim before you stop working entirely. By doing so, you will be signaling to your insurer that you have already done what you could to keep working in spite of your MS symptoms. Additionally, your disability policy may not cover you after you have reduced your hours below full time work. Many LTD policies only cover those employees working more than 30 hours per week. You must be careful of this clause when choosing your date of disability and when to file your application.

Q: How will my insurer get information about me?

A: You will be asked to sign and return a 'Release of Information' form which will give the insurer permission to obtain medical and other types of information

from your doctor and others. **IMPORTANT:** Do not sign the authorization without reading it carefully. If you are concerned that some of the personal information the insurer is seeking does not seem relevant to the question of your disability (such as tax returns, driving records, or credit information), ask the insurer why such information is required. You can limit the types of information by crossing out items such as these.

Q: What if my insurer wants me to be examined by one of their physicians?

A: Your insurance company has the right to have you examined by a doctor of their choice, although the Society strongly recommends you consider the following to strengthen your claim and your own physician's opinion:

- See your own doctor regarding your disability claim either right before or soon after undergoing an evaluation by any other physician.
- Request that the physician who examines you be a specialist in MS, and that they have all of your medical records before they perform your examination.
- Tell your insurance company that you do not want to be rushed into completing any forms at a doctor's office, and any forms that need to be completed should be sent to you at least ten days in advance of the appointment. **Take these forms seriously!** The insurance company will use them.
- Both you and your physician should know that it is customary for your doctor to be sent the results of the evaluation conducted by the insurer's physician, and that your doctor should respond to anything with which they disagree. If your doctor chooses to respond, they should be specific and detailed in the rebuttal. You should request to see your doctor's proposed responses before they are submitted.
- Keep track of any and all tests and assessments you undergo, including the type of test and its purpose, the name and qualifications of the person or facility doing the testing, the date of the test, who is evaluating the test results, where the results are sent, the amount of time involved, the cost, and anything else that seems important to you about them.
- To keep the process moving, and to demonstrate your willingness to cooperate, always ask what else your insurer may need from you or your health care professionals.
- Note that some advocates recommend that you consult with an attorney if/when your insurer contacts you for an interview or an evaluation by their chosen doctor.

Q: How long will it take my insurer to make a decision about my claim?

A: It should take under 30 days for the insurer to determine your short-term disability claim. The long-term disability (LTD) insurer will conduct an investigation to determine if you qualify for LTD benefits. This often takes some time. The long-term disability insurer typically begins their investigation mid-way through the short-term disability (STD) period of time. The insurer may notify you in writing of an extension to complete their investigation in certain circumstances. LTD benefits are paid one month in arrears. The insurer usually takes at least 45 days to complete their investigation, but can request an extension. A good way to stay organized is to ask the carrier to put in writing what they still need in order to issue a decision on your claim.

They will require you to continuously prove your ongoing entitlement during the short-term disability term of coverage. It should take about four to six weeks for your insurer to make a determination about your claim, although they may notify you that they need additional information (and therefore time) to complete the review. If so, you can demonstrate your willingness to help by asking if they are having any difficulty.

Q: Can my insurer get information about me from my co-workers, neighbors, family members, social media or other sources while they are evaluating my claim?

A: Yes! At the very least your insurer will ask your employer questions related to your claim. But they may also use a variety of sources and methods to gain information about you, including private investigators, computer searches and more. This is why it is recommended that you consider limiting the Release of Information form your insurance company asks you to sign. Rest assured that your insurer cannot disclose your private medical information to anyone without your permission. Of particular importance is what you post on the internet about yourself. Be careful about the personal information that you share online. Good practice is to make all your social media accounts private and therefore not visible to the general public. Social media platforms that carriers focus on tend to be LinkedIn, Instagram and Facebook.

Q: How will I be notified about their decision?

A: Your insurer will notify you in writing of the determination. This letter should clearly describe the conditions of your benefits, including your benefit amount and frequency of payments, OR your appeal rights if the decision is unfavorable.

Q: Once my claim is approved, what should I expect the insurer to require on an ongoing basis?

A: Your insurer can re-evaluate your status and continued eligibility for disability benefits at any time, and will likely check in with your doctor periodically. For that reason, it is a good idea to continue filling out the MS Symptom Tracker (see **page 21**) and sharing it with your doctor. It is also important to stay on track with your doctor's recommendations for treatment (of any kind), and for your doctor to keep detailed notes of your treatments, symptoms and progress. Your insurance company will rely heavily on your doctor's notes even after they approve your disability claim.

Q: Do I have to pay my premiums for my disability insurance if they approve my claim for benefits?

A: If your claim is approved, the premiums are usually waived as long as you are collecting disability benefits. This provision in a policy is called a 'waiver of premium'. If your condition improves and you return to work, or the company determines that you are no longer disabled, they will notify you that you must resume paying the premiums once more.

Q: Could the terms of my benefit change at some point?

A: Yes. Most disability policies apply the '**own occupation**' definition of disability for the first two years a policyholder is receiving benefits, but include a provision that entitles them to apply an '**any occupation**' standard for continued benefits after that. This means that even if the insurer determined you were entitled to disability benefits because you were unable to perform the duties of your own job (or a similar job in the same occupation) when you first applied, they could later determine that you were no longer entitled to benefits if it is believed you could work in any job in any line of work.

Q: I've heard that private insurers can force people with MS to apply for disability benefits from the Social Security Administration. Is that true?

A: Insurers can and will require many of their claimants to apply for disability benefits from the Social Security Administration, and people with group disability insurance provided through an employer plan almost always have to apply for them if they are disabled for more than six months. It is in your insurer's interest for you to qualify for Social Security Disability Insurance or Supplemental Security Income because it would reduce or eliminate their

ongoing cost in benefits to you. For this reason, your insurance company may appoint someone to represent you in your application process with the Social Security Administration, unless you have already secured an attorney or advocate to do this on your own. To qualify for Social Security disability benefits, it must be determined that the applicant is incapable of any gainful activity, or what private insurers refer to as the 'any occupation' standard. Guidance for people with MS applying for SSDI benefits is available on the Society's website at nationalMSSociety.org/SSDI.

Q: Can I do volunteer work while I am collecting disability benefits?

A: This frequently asked question is difficult to answer with any certainty. On the one hand, you are likely to be encouraged by many people to "do as much as you can". On the other, by engaging in activities that could be perceived as work in any capacity you could be signaling to your insurer that you are no longer disabled, and could be putting yourself at risk for losing your disability benefits.

If you are thinking about volunteering, consider the following:

- Choose an activity that is significantly different and easier from your former employment, especially if your policy uses the 'own occupation' definition of disability.
- Since you have likely established you cannot work on a full-time predictable basis, any volunteer work should take into account your need to rest, limited mobility, and unpredictability of your functionality.
- Volunteer activity should also include a flexible schedule allowing for unscheduled days off and breaks as required by your condition.

Q: What is the likelihood that my application will be denied?

A: It is possible that your claim will be denied. Do not lose hope. If you follow the steps we have set out above, an approved application on the first try is more likely. However, if that doesn't happen, you will have a very good chance of winning an appeal of the denial, as long as your doctor supports your claim and you have documented the functional losses you have experienced due to MS.

Q: What do I do if my insurer denies my application?

A: With the help of an attorney specializing in disability insurance, file an appeal. The National MS Society encourages people with MS whose initial claim for disability benefits is denied to consult an attorney with expertise in disability law if or when their initial claim for disability benefits has been denied. Again, you may have specific deadlines for acting, so don't delay. But don't panic either.

The Society may be able to help you identify an attorney specializing in this area who is licensed to practice in your state. Connect with an MS Navigator to receive referrals. Feel free to ask any attorney to whom you are referred about the following:

- their fee schedule;
- the focus of their law practice;
- their experience working with disability related to MS

Once you begin working with an attorney, you need to know:

- how his/her office is staffed;
- who will be contacting you with updates and/or questions;
- who will be in charge of your file;
- when to expect the filing of the appeal;
- what the general plan of action is; and
- exactly what else is needed from you

Physician's Checklist

The forms that physicians are asked to complete to support their MS patients' LTD claims will vary, and tend to capture only the bare minimum of the documentation and professional opinion necessary to fully inform an insurer of the severity of a patient's MS-related disability. It is strongly recommended that physicians seeking to support their MS patients' claim for disability benefits include thorough documentation as listed below. Such documentation should be provided with copies of relevant sections of the medical chart, and will be most effective when accompanied by a letter to the insurer in addition to the completed claim form.

- Details of when and how the patient's definite MS was diagnosed
- Treatments they are receiving (prescription and other), why they are on them, and any/all side effects
- Treatment success/failure, including rehabilitation therapy, complementary or alternative medicine
- Any/all co-morbid conditions—any other diagnosed or suspected conditions in addition to the MS
- Secondary complications of the MS such as urinary tract infection
- Restricted activities—all activities the patient cannot do as a result of the MS (e.g., sit or walk for extended periods, operate a keyboard)
- Limited activities—any activities the patient is advised to limit (e.g., "OK to drive, but not at night")
- The presence and status of any of the following symptoms:
 - Balance problems
 - Neuro-cognitive decline
 - Problems with mood
 - Fatigue
 - Weakness
 - Poor coordination
 - Paralysis
 - Unstable walking
 - Numbness, tingling or other sensory disturbance
 - Increased muscle tension or spasms (spasticity)
 - Bladder problems
 - Bowel problems
 - Sensitivity to heat
 - Pain
 - Visual problems
 - Speech, communication problems
 - Shaking, tremor
 - Swallowing problems
 - Difficulty breathing

In addition, it is recommended that the following be addressed in the physician's supporting statement:

- The frequency of visits to you or other treating clinicians and the reason(s) for them
- Your assessment of the patient's desire to continue working, if not for the severity of their MS symptoms
- If the patient has impaired cognition, your assertion that it is the result of the disease process rather than a mental health condition
- Your assertion that all opinion you have provided is based on your clinical and ongoing assessment of the patient

Glossary of Disability Insurance Terms*

Any occupation — Although different disability policies can define this term differently, it usually means an occupation that an individual is qualified for as a result of their training, education and experience. For example, a surgeon whose policy uses the ‘any occupation’ definition of disability would not be considered disabled if they could be gainfully employed (see definition on [page 18](#)) in a related area of medicine.

The any occupation definition generally includes some consideration of one’s pre-disability earnings, and the policy may include a specific level of income that qualifies as “gainful”. Generally, earnings are considered “gainful” as they approach 2/3 of the insured’s pre-disability earnings.

Appeal or grievance — a formal request for a re-consideration of an adverse determination made by the insurer, such as an appeal of a denied claim for benefits, provided in most disability insurance policies.

Benefit period — the maximum amount of time you may receive benefits for each continuous disability.

Benefit waiting period — also known as the elimination period, it is the period of time beginning with the first day of your disability, throughout which you must be disabled before disability benefits become payable.

Claimant — the insured person, enrollee in an employer-sponsored plan, or policyholder, submitting a claim for benefits.

Claims professional — a general term applying to anyone involved in the administration and/or determination of disability insurance claims that works for or represents the insuring entity, which could include claims reviewers, physicians or other health care professionals.

Commencement date — the first day of covered disability immediately following the completion of the waiting period.

* These definitions are typical of many policies but the terms may be defined differently in some policies.

Elimination period — the period of time you must wait, measured from the first day of an insured’s disability, before disability benefits become payable. Sometimes referred to as the ‘waiting period’, elimination periods typically vary from 30 to 180 days, and also vary in the degree to which they may be interrupted by returns to work. In many policies, the elimination period can be satisfied by partial or residual disability as well as total disability.

ERISA — the Employee Retirement Income Security Act is a federal law providing the legal and regulatory framework and consumer protections for group benefits provided by employers or unions, including group disability insurance.

Gainful employment — as determined by the percentage of the insured’s pre-disability income they earn after the onset of a disability, such as 60% of pre-disability income.

Grace period — the period immediately following the due date for a premium payment during which, if the payment is not made, the policy will nonetheless continue in force (typically one month).

Group disability coverage — disability coverage (typically referred to as “long-term disability”) provided to eligible individuals by their employer or union as a benefit of employment. This coverage may be provided through a group policy purchased by the employer/union from an insurance company (an “insured plan”), or the employer/union may simply set money aside in a separate account, plan or fund (a “self-insured”, or more accurately, “self-funded plan”).

Individual disability insurance — a private disability insurance policy, (commonly referred to as “disability income” or a “disability income replacement” policy) which is purchased and paid for by individuals, that can replace a percentage of lost income when the insured person becomes disabled. Individual disability policies are traditionally marketed to, and purchased by, self-employed professionals such as doctors, dentists, lawyers, etc.

Insured — the insured person, who may be the policyholder, or policy-owner.

Long-term disability (LTD) — monthly benefits to help replace income lost due to a disabling condition or injury in accordance with the terms of a policy or benefit plan.

Material and substantial duties — a common phrase in disability insurance policies to describe one’s job-related duties that 1) are normally required for the performance of one’s regular occupation; and 2) cannot be reasonably omitted or modified.

Non-cancelable — A provision in the insurance policy guaranteeing that neither the policy nor the premiums can be changed provided premiums are paid by the end of the grace period (if there is one).

Offset — a clause in the insurance policy (or, contract) that describes what other income the claimant might receive that could be deducted from the benefit amount provided by the insurer. Disability benefits from the Social Security Administration and workers' compensation benefits are commonly listed as offsets in group disability plans.

Own occupation — refers to your occupation at the time the disability begins. For example, a surgeon with a policy that uses the 'own occupation' definition of disability would be totally disabled under the terms of this policy if they are unable to perform surgery even if they secured employment in another field of medicine.

Pre-existing condition clause — if claimant received treatment or service for a medical condition in the 90-days prior to the effective date of coverage they may not be eligible for LTD benefits if they become disabled in the first twelve months of employment. Check policy provisions carefully and consider retaining counsel if this provision applies to you.

Release of information — typically a form, provided by the insurer upon receipt of a claim for benefits, which when signed by the claimant enables the insurer to obtain certain information about the claimant's condition from the claimant's physician and others. (See Filing Claims Q&A section for advice on how to limit these requests for confidential information.)

Reasonable accommodation — any change in the work environment that permits a person with a disability to continue to perform their job.

Residual disability — same as partial disability, a residual disability provision may be part of the policy or a rider attached to the contract that provides a reduced basic monthly benefit if you are not totally disabled. Residual disability may include such things as: working fewer hours than normal but performing all of the tasks of your occupation, or working full time but unable to do all of the normal duties required of your occupation.

Rider — any supplemental agreement attached to and made a part of the policy that expands or limits the policy's conditions, coverage, or benefits, such as partial/residual disability benefits, cost of living benefits, and future insurance options.

Short-term disability (STD) — disability insurance to help replace lost income for a specified period of time when an illness or injury keeps you out of work for a specific period of perhaps two or three weeks, and generally not more than 26 weeks. A few states require employers to provide short term disability insurance.

Social Security Disability Insurance — a disability insurance program administered by the Social Security Administration for eligible workers unable to work due to a long-term disability (a condition preventing substantial gainful employment and expected to last for at least 12 months).

Supplemental Security Income — a federal income support program administered by the Social Security Administration which provides cash benefits to eligible individuals. Individuals must meet both categorical eligibility criteria (blind, disabled or over age 65) AND have income and assets below certain thresholds.

Survivor benefit — an amount payable to the policy-owner, the policy-owner's estate, or the policy-owner's designee should they die while receiving total disability benefits.

Total disability — the prerequisite to receipt of long-term disability benefits in most long-term disability policies. 'Total disability' is defined differently in different policies, and may depend on inability to do one's "own occupation", "regular occupation", or "any occupation" which is reasonable as a result of one's education, training or experience, or any substantial gainful employment.

Waiver of premiums — Exempts the insured from paying premiums after he or she has been continuously disabled for a specified period of time. If the policy has this feature, the waiver usually begins after the waiting period or elimination period.

MS SYMPTOM TRACKER for _____

This form is suggested as a tool to help you or your caregiver keep track of your MS symptoms. This form, or something like it, can be helpful in updating your doctor on your progress at any time, although it can be especially useful when preparing a claim for disability benefits. Either you or your caregiver can complete this form. Begin by filling in the date, then rate the severity of the symptom you are experiencing from 1 to 5, where 1 is mild and 5 is severe. See the bottom for examples.

Area	SUN	MON	TUE	WED	THU	FRI	SAT	Add comments about your day including anything unusual.
Mobility (difficulty walking or running)								
Hand function (such as grabbing, holding, writing, eating or grooming)								
Vision (such as blurred or double vision, light sensitivity)								
Fatigue (lack of energy)								
Problems thinking (difficulty remembering, staying focused, problem-solving, recalling words)								
Bladder (such as frequency, urgency or hesitancy)								
Bowel (such as constipation or incontinence)								
Sensory symptoms (such as numbness, tingling, or sensations like burning, bands or electric shocks)								

MS SYMPTOM TRACKER (continued)

Area	SUN	MON	TUE	WED	THU	FRI	SAT	Add comments about your day including anything unusual.
Spasticity Symptoms (such as muscle tightening, leg stiffness, cramping)								
Pain								
Emotional issues (such as anxiety, depression, irritability, mood swings)								
Tremor/Loss of Coordination (balance problems, shaking of head, heads or legs, clumsiness)								

EXAMPLES:

Area	SUN 8/6	MON 8/7	TUE 8/8	WED 8/9	THU 8/10	FRI 8/11	SAT 8/12	Comments
Mobility		3	4	3	5	3	3	Had the flu
Fatigue	5	5						Ran out of Provigil 2 days
Blurred Vision				2	2	2	2	Heat wave

MS SYMPTOM TRACKER for _____

This form is suggested as a tool to help you or your caregiver keep track of your MS symptoms. This form, or something like it, can be helpful in updating your doctor on your progress at any time, although it can be especially useful when preparing a claim for disability benefits. Either you or your caregiver can complete this form. Begin by filling in the date, then rate the severity of the symptom you are experiencing from 1 to 5, where 1 is mild and 5 is severe. See the bottom for examples.

Area	SUN	MON	TUE	WED	THU	FRI	SAT	Add comments about your day including anything unusual.
Mobility (difficulty walking or running)								
Hand function (such as grabbing, holding, writing, eating or grooming)								
Vision (such as blurred or double vision, light sensitivity)								
Fatigue (lack of energy)								
Problems thinking (difficulty remembering, staying focused, problem-solving, recalling words)								
Bladder (such as frequency, urgency or hesitancy)								
Bowel (such as constipation or incontinence)								
Sensory symptoms (such as numbness, tingling, or sensations like burning, bands or electric shocks)								

MS SYMPTOM TRACKER (continued)

Area	SUN	MON	TUE	WED	THU	FRI	SAT	Add comments about your day including anything unusual.
Spasticity Symptoms (such as muscle tightening, leg stiffness, cramping)								
Pain								
Emotional issues (such as anxiety, depression, irritability, mood swings)								
Tremor/Loss of Coordination (balance problems, shaking of head, heads or legs, clumsiness)								

EXAMPLES:

Area	SUN 8/6	MON 8/7	TUE 8/8	WED 8/9	THU 8/10	FRI 8/11	SAT 8/12	Comments
Mobility		3	4	3	5	3	3	Had the flu
Fatigue	5	5						Ran out of Provigil 2 days
Blurred Vision				2	2	2	2	Heat wave

MS SYMPTOM TRACKER for _____

This form is suggested as a tool to help you or your caregiver keep track of your MS symptoms. This form, or something like it, can be helpful in updating your doctor on your progress at any time, although it can be especially useful when preparing a claim for disability benefits. Either you or your caregiver can complete this form. Begin by filling in the date, then rate the severity of the symptom you are experiencing from 1 to 5, where 1 is mild and 5 is severe. See the bottom for examples.

Area	SUN	MON	TUE	WED	THU	FRI	SAT	Add comments about your day including anything unusual.
Mobility (difficulty walking or running)								
Hand function (such as grabbing, holding, writing, eating or grooming)								
Vision (such as blurred or double vision, light sensitivity)								
Fatigue (lack of energy)								
Problems thinking (difficulty remembering, staying focused, problem-solving, recalling words)								
Bladder (such as frequency, urgency or hesitancy)								
Bowel (such as constipation or incontinence)								
Sensory symptoms (such as numbness, tingling, or sensations like burning, bands or electric shocks)								

MS SYMPTOM TRACKER (continued)

Area	SUN	MON	TUE	WED	THU	FRI	SAT	Add comments about your day including anything unusual.
Spasticity Symptoms (such as muscle tightening, leg stiffness, cramping)								
Pain								
Emotional issues (such as anxiety, depression, irritability, mood swings)								
Tremor/Loss of Coordination (balance problems, shaking of head, heads or legs, clumsiness)								

EXAMPLES:

Area	SUN 8/6	MON 8/7	TUE 8/8	WED 8/9	THU 8/10	FRI 8/11	SAT 8/12	Comments
Mobility		3	4	3	5	3	3	Had the flu
Fatigue	5	5						Ran out of Provigil 2 days
Blurred Vision				2	2	2	2	Heat wave

Appendix A:

Universal Attending Physician Statement (UAPS) for Multiple Sclerosis Disability Claim

Patient Information:

Patient Name: _____

Date of Birth: _____

Address: _____

Diagnosis and History:

Primary Diagnosis _____ ICD Code

Secondary Diagnosis _____ ICD Codes

Pertinent Test Results over the last 24 months: (i.e. MRIs, laboratory data)

Test: _____ Date: _____ Results: _____

Test: _____ Date: _____ Results: _____

Test: _____ Date: _____ Results: _____

Clinical findings on most recent exam:

See attached medical records

Describe: _____

Patient's dominant hand is: ___ Left ___ Right.

Please check the symptoms reported by patient and indicate if these symptoms are observed during clinical examination:

Symptoms:	Patient Report	Observed
Physical Symptoms		
Physical fatigue		
Balance problems		
Difficulty walking due to painful extremities		
Foot dragging, unstable walking		
Numbness, tingling or other sensory disturbance		
Increase muscle tension (spasticity)		
Pain — Note overall pain on a scale from 1-10 (10 being the most severe):		
Shaking, tremor		
Leg cramping		
Paralysis		
Decreased stamina		
Weakness		
Llhermitte’s sign		
Poor coordination		
Decreased energy		
Bladder problems		
Sensitivity to heat		
Visual problems		

Symptoms:	Patient Report	Observed
Cognitive Symptoms		
Memory problems		
Problems with focus and concentration		
Problems with planning and organization		
Problems with short-term memory for details		
Problems with finding words		
Problems with making decisions		
Inability to process information quickly		

Treatment

Date of first visit: _____ Date of most recent visit _____

The frequency of visits for this patient is: _____ which is/is not (circle one) consistent with care recommendations for MS patients.

Description of treatment, including any therapeutic modalities, medication, psychological intervention, surgery and planned duration of treatment.

See clinical records

Has patient been admitted to the hospital in the past year? ___ Yes ___ No
If yes, provide the name of the hospital, address and dates.

Prognosis

Do you expect your patient's condition to (circle all that apply):

Remain the same Worsen Experience relapses/remissions Improve

Other:

Has this patient been referred to other healthcare provider(s)? Yes No

If yes, date(s) of referral(s): _____

Other provider name(s):	Phone number:	Specialty:

Has this patient been compliant with your prescribed treatment modalities, medication, and treatment recommendations and motivated to improve their condition? Yes No

Restrictions and Limitations—Functional Capacity

Based on Physical Therapist Assessment/Clinical Evaluation performed by:

Hours at a time:

Sit less than 30 minutes 1 2 3 4 5 6 7 8

Stand less than 30 minutes 1 2 3 4 5 6 7 8

Walk less than 30 minutes 1 2 3 4 5 6 7 8

Total hours on a consistent eight-hour day to day basis:

Sit less than 30 minutes 1 2 3 4 5 6 7 8

Stand less than 30 minutes 1 2 3 4 5 6 7 8

Walk less than 30 minutes 1 2 3 4 5 6 7 8

Total hours intermittently with standard breaks:

Sit less than 30 minutes 1 2 3 4 5 6 7 8

Stand less than 30 minutes 1 2 3 4 5 6 7 8

Walk less than 30 minutes 1 2 3 4 5 6 7 8

On a consistent eight-hour day-to-day basis, the patient is able to:

	Never 0%	Rarely 1-5%	Occasionally 6-33%	Frequently 34-66%	Continuously 67-100%
Bend at waist					
Squat					
Balance					
Push/Pull					
Kneel/Crouch					
Upper Extremity Activity:					
Gross manipulation (grip/grasp/handle)					
Reach (extend arms above shoulder)					
Reach (below shoulder at desk or work/bench level)					
Fine manipulation (fingering, keyboard for computer/use)					
Lift/Carry up to 10 lbs.					
Lift/Carry up to 11-20 lbs.					
Lift/Carry up to 21-50 lbs.					
Lift/Carry up to 51-100 lbs.					

Physical Impairment

Based on the patient's diagnosis/symptoms, exam findings and/or imaging they are:

Check all that apply:

- Unable to perform sedentary capacity due to inability to use upper extremities for more than minimal keyboard use
- Unable to consistently perform sedentary capacity due to daily fatigue impairing function
- Unable to consistently perform sedentary capacity because of the need for unscheduled breaks

Check any that apply (or leave blank if none apply):

- Able to perform sedentary capacity, mostly sitting, up to six hours per day (lifting, carrying, pushing, pulling 10 lbs. occasionally; may involve standing or walking for brief periods of time)
- Able to perform light capacity (lifting, carrying, pushing, pulling 20 lbs. occasionally; 10 lbs frequently; or negligible amount constantly. Can include walking and/or standing frequently even if the weight is negligible. Can include pushing or pulling or arm or leg controls)
- Able to perform medium manual capacity (lifting, carrying, pushing, pulling 20–50 lbs. occasionally; 10–25 lbs. frequently, or up to 10 lbs. constantly)
- Has no limitation of functional capacity (no restrictions)

Cognitive Impairment

Does your patient have cognitive deficits that impact work function?

Yes No

Has your patient undergone neuropsychological testing? Yes No

If so, does the testing objectively verify cognitive deficits exist? Yes No

Is the cognitive impairment related to your patient's multiple sclerosis disease course? Yes No

Behavioral Health Impairment

Does your patient have a behavioral health impairment: Yes No

If yes, is the patient's behavioral health impairment secondary to their multiple sclerosis? Yes No

Is your patient's disability due to their symptoms of multiple sclerosis independent of their behavioral health impairment? Yes No

Work Abilities and Limitations

What is your patient's occupation? _____

Do you advise patient to:

Reduce work hours? Yes No if yes, as of what date? _____

Cease work? Yes No if yes, as of what date? _____

Based on your clinical evaluations of your patient, and objective testing, is your patient unable to perform:

Their occupational duties/activities on a full-time basis? Yes No

Their occupational duties on a part/time basis? Yes No

Work activities on a sustained reliable basis for any gainful occupation?
 Yes No

Please provide the medical basis for your recommendations around work abilities and limitations:

Return to Work:

Is your patient's disability as described above expected to be indefinite?

___ Yes ___ No

Do you have a return to work plan and/or a plan for increasing patient's work activities? ___ Yes ___ No

If yes, please describe. If no, please explain.

Additional comments:

The above statements are based on reasonable medical certainty.

Date completed

Name of healthcare provider

Specialty: _____

Address _____

Telephone number: _____

Fax number: _____

Appendix B:

Patient Symptom and Prescription Progress Report

Name: _____

Occupation: _____

Documentation of My Progress

Please place this document in my permanent record

Doctor: _____

Address: _____

Date of visit: _____

My current medication/treatment is:

The side effects I have experienced from my medication/treatment include:

Medication: _____ Side effect: _____

Medication: _____ Side effect: _____

Medication: _____ Side effect: _____

Medication: _____ Side effect: _____

These side effects occur:

Daily Several times a day Weekly Occasionally

Other (please describe) _____

I have experienced increased MS-based symptoms during the following time periods since my last office visit.

Dates and increased symptoms:

I have experienced the following symptoms (indicated in the chart below with a checkmark) since my last visit. The box marked with an asterisk (*) indicates that these symptoms affect my ability to work full time on a sustained basis.

Symptoms	Most of the time	Daily	Weekly	Occasionally	*
Balance problems					
Difficulty walking due to fatigue					
Difficulty walking due to numbness and tingling in legs and feet					
Foot drop/drag, unstable walking					
Problems with planning and organization					
Problems with short term memory for details					
Problems with finding words					
Problems with making decisions					
Inability to process information quickly					
Difficulty expressing what I need to communicate to others					
Increased fatigue					
Decreased energy					
Decreased stamina					
Memory problems					
Weakness					
Paralysis					
Numbness, tingling or other sensory disturbance in hands					

Symptoms	Most of the time	Daily	Weekly	Occasionally	★
Increased muscle tension (Spasticity)					
Bladder problems					
Sensitivity to heat					
Visual problems					
Shaking, tremor					
Leg cramping					
Pain — My overall pain on a scale from 1–10 (10 being the most severe) has been:					
Poor coordination					

Other symptoms experienced, but not listed above:

Signature

Date

Printed name

Appendix C:

Personal Letter From Patient to Doctor— Request to Complete Private Disability Forms

I am a patient of your practice, under treatment for multiple sclerosis. I have become unable to continue working in my occupation and will seek private disability benefits from [insert name of insurance company]. In order to prove my claim, I will be required to submit Attending Physician Statements completed by my treating specialist. I hope you agree to complete these forms for me when the insurance company requests that you do so.

The National MS Society has prepared a Universal Attending Physician Statement they suggest that doctors treating patients for MS utilize because it focuses on the physical and cognitive conditions that impair patients with MS. It streamlines the typical information requested by insurance companies in one format, which enables medical offices to use one form for each patient, no matter who the insurer is. This universal form is available at _____, and I enclosed a sample with this letter.

Please advise of payment for this service and I greatly appreciate your time and assistance with my disabling condition.

Signature

Date

Printed name

Appendix D:

Our Office Protocol for Handling Patient's Disability Claim Requirements

To Our Patients (on doctor's letterhead) If you have become unable to work due to multiple sclerosis, we request that you provide our name to your private disability insurance company as a source of information. The company will then require us to complete what is known as "Attending Physicians Forms" to help substantiate your claim. We have developed an efficient approach to ensure completion of the required forms is as smooth as possible and will enable us to fully address the needs of our patients. We describe the process below.

We are willing to complete the UNIVERSAL ATTENDING PHYSICIAN STATEMENT (UAPS) for your private disability claim.

A. Charge for this Service:

There may be a cost for our office providing this service to you. This cost is over and above any charge for office visits, since we will be completing forms and providing them to the insurance company requesting them. In order for us to provide this service, we will charge \$XX.00 for each form completion. You are responsible to pay this cost for each form that we complete, regardless of the frequency of the insurance company's requests. Please sign Financial Responsibility for Completing Universal Attending Physician Statement (UAPS), if you have determined that we will complete forms for your disability claim.

B. Occupational Information:

It would be beneficial to us in understanding your disability to have a statement from you where you describe, briefly, the duties of your occupation and how your MS symptoms impair or prevent your performance. In addition to the statement, if you have a written job description, please provide it to us.

C. Symptoms and Prescription Worksheet PATIENT SYMPTOM AND PRESCRIPTION PROGRESS REPORT:

In order to accurately and thoroughly complete medical forms for the insurance company, we need you to update us on your symptoms and prescriptions. It is important for us to know the medications that you are taking and the side effects that you experience. We request that you use the Symptoms and Prescription Worksheet, FORM 2, to track your symptoms and medications. You may edit this

worksheet to fit your tracking needs and recommend you keep a copy for your records. A blank version of the **Patient Symptom and Prescription Progress Report** is available at the National Multiple Sclerosis Society's website at nationalMSSociety.org.

Signature

Date

Printed name

APPENDIX E:

Cover Letter from Healthcare Provider to Insurance Company Submitting Universal Attending Physician Statement (UAPS)

YOUR LETTERHEAD HERE

Sample form

[INSERT DATE]

Dear INSURANCE COMPANY:

Our practice has received an “Attending Physician Statement Form” prepared by your company, which you asked that we complete. Our practice receives forms from a wide variety of insurance companies on a regular basis and we have determined it is more efficient to complete an alternate form specific to multiple sclerosis (MS) that globally addresses the medical issues related to our MS patients and their functionality. We anticipate you will find answers to all of the questions set forth in your form contained in the attached MS-specific form.

Additionally, we prefer this written method of communicating and believe that it results in the most accurate record of our opinions as compared to a phone conversation with medical consultants or vendors. Should you have further questions regarding the medical condition of our patient, please place them in writing. We will look them over and determine the cost for completion.

Sincerely,

Signature

Date

Printed name

Appendix F:

Financial Responsibility for Completion of Universal Attending Physician Statement (UAPS)

I agree to pay the sum of \$_____ to PRACTICE NAME for each form they complete for my insurance company on my behalf. I understand that this cost is on a per form basis regardless of the frequency of the forms that need to be completed. In the event that I no longer wish for PRACTICE NAME to complete forms on my behalf I will notify the office in writing immediately. PRACTICE NAME is authorized to bill me as per their standard billing practices.

Signature

Date

Printed name

Acknowledgments

The National MS Society gratefully acknowledges the Task Force on Private Disability Insurance whose expertise in the fields of law, insurance, medicine, psychology, social work and health policy led to this publication. The generous contribution of their time, effort and expertise made it possible for the National MS Society to produce the series Disability Insurance and MS: Guides for Insurers, Clinicians and People with MS in its entirety as a product of the Society's Professional Resource Center.

The National MS Society Task Force on Private Disability Insurance

Mark Battista, MD

Mary Fuller

Howard Kessler, PhD

Deborah Miller, LISW, PhD

April Paul, MD

Bonny G. Rafel, Esq

Mark Scherzer, Esq

National MS Society Staff

Kimberly Calder, MPS

Nicholas LaRocca, PhD

Dorothy Northrop, MSW, ACSW

John Richert, MD

Reviewed and updated March, 2021 by:

Private Disability Experts

Bonny G. Rafel, Esq

Elliott Andalman, Esq

Jamie R. Hall, Esq

Peter Casciano, Esq

National MS Society Staff

Steve Nissen, MS, CRC

Hope Nearhood, MPH, PMP

Jennifer Miller, LCSW

Christina Forster, MA, CRC

The National Multiple Sclerosis Society is proud to be a source of information about multiple sclerosis. Our comments are based on professional advice, published experience and expert opinion, but do not represent individual therapeutic recommendations or prescriptions. For specific information and advice, consult your physician.

Early and ongoing treatment with an FDA-approved therapy can make a difference for people with multiple sclerosis. Learn about your options by talking to your healthcare professional and contacting the Society at [nationalMSSociety.org](https://www.nationalmssociety.org) or 1-800-344-4867.

The Society publishes many other resources about various aspects of MS. Visit [nationalMSSociety.org/brochures](https://www.nationalmssociety.org/brochures) or call 1-800-344-4867.

The Society mobilizes people and resources so that everyone affected by multiple sclerosis can live their best lives as we **stop MS in its tracks, restore what has been lost and end MS forever**. Last year, the Society invested \$60 million in MS research with more than 340 active projects around the world. Through its comprehensive nationwide network of services, the Society is focused on helping those affected by MS connect to the people, information and resources needed to live their best lives. We are united in our collective power to do something about MS now and end this disease forever. Learn more at [nationalMSSociety.org](https://www.nationalmssociety.org).



**National
Multiple Sclerosis
Society**

[nationalMSSociety.org](https://www.nationalmssociety.org)

1-800-344-4867