

[Long Term Disability \(LTD\) FAQ](#)

[What is Long Term Disability?](#)

Long Term Disability insurance is income protection insurance if you should become disabled by injury or illness for periods up to age 65.

[Who is our Long Term Disability Insurance Company?](#)

ING ReliaStar Life Insurance Company

[What Prior Lake-Savage Schools Group Benefit Plan Number?](#)

67536-9

[How do I know if I have LTD insurance?](#)

Your eligibility for LTD insurance is defined in your terms and conditions of your position.

[How does Long Term Disability work?](#)

If you should become disabled, there is a 30 calendar day waiting period from the date your disability begins before LTD insurance would begin. On the 31st day of disability the LTD insurance shall pay 66 2/3rds of your salary while you are totally disabled. You can also elect to use 1/3^d of a sick day from your accumulated sick leave for each day on LTD to supplement the long-term disability benefits until sick leave days are depleted.

[When and how should I apply for Long Term Disability?](#)

As soon as you become aware of a disability, a claim should be submitted to ING after the onset of the disability.

Contact your Human Resources Department to request a Medical Leave and receive instructions on the steps required in submitting the following Long Term Disability Claim forms:

- Long Term Disability Employee Statement
- Attending Physician's Statement of Impairment and Functions
- Long Term Disability Occupational Demands
- Long Term Disability Claim Notice Employer's Statement

Once these forms are completed, Human Resources will forward the forms to ING for processing.

[How long does a LTD claim take to be approved by ING?](#)

Each claim is assigned to an ING Disability Benefit Coordinator who reviews the claim to verify the forms are complete and then it is forwarded to a Disability Benefit Adjudicator. The Adjudicator verifies the eligibility, validity of diagnosis, appropriateness of care and treatment, and physician credentials. The Adjudicator will follow-up with the employee and medical provider if any additional information is required for clarification. A determination is made to approve or deny the claim. A telephone call is made to the employee, followed by a letter. The process may take a couple weeks depending on how quickly additional information is returned to ING from the employee or physician.