

ElderCare Publishing Co., Inc.
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Getting Paid

Collecting the Disability Check: A Resource Manual for Libraries, Individuals & Professional Advisors

Millions of dollars of disability benefits are held back, unnecessarily, every year Disability Services Group

Newton, MA –March 28, 2011 - In 2011, MILLIONS of dollars in Insurer, Social Security and Veterans Administration disability claims will continue to be denied unnecessarily. ElderCare Publishing is pleased to announce the **availability of the new Disability benefits resource manual *Getting Paid***, authored by Allan Checkoway, a nationally recognized disability expert.

Allan shares Insider Tips on how to correctly file a Long Term Disability claim, dramatically improving the likelihood of collecting benefits. His new publication was developed to help the multitude of disabled Americans learn how to collect the millions of dollars of disability benefits.

22,500 Veteran's PTDS disability claims denied as personality disorders *USA Today* . . . How is it possible that a personality disorder, assuming it existed prior to military service, is diagnosed when psychological evaluations are not done prior to induction? Why?

1,200,100 Social Security Disability applications were filed in 1999 (48 percent or 579,000 were declined). In 2009, ten years later, 2,816,200 Social Security Disability applications were filed (and 65 percent or 1,830,530 were declined). The number of disability applications more than doubled while denials more than tripled. In one year, more than \$23 TRILLION dollars of annualized benefits were lost.

Disabled Americans diagnosed with serious medical and psychological illnesses are just beginning to process the enormity of the physical, emotional and financial challenges they will be facing. ***Getting Paid*** offers guidance on home and travel adaptation to make life easier. Readers are empowered as they open up a whole new world of knowledge.

“Getting Paid is the best resource manual I have ever come across in the 25 years that I have been employed as a social worker, an invaluable book to those involved in the disability process.”

Keith Armstrong, coauthor of *Courage After Fire*

About the Author

Allan Checkoway's career includes more than 30 years in the health care insurance field, and a specialty in the brokerage placement of disability and long-term care insurance coverage. His goal in this publication has been to share those decades of experience with readers. Allan is the author of *Disability Income: A How To Guide*, published by R & R Newkirk, and *Disability Income Insurance*, published by Kaplan Publishing. His articles have been featured in the *Wall Street Journal*, *Legal Economics*, *Lawyers Weekly*, *Journal of Financial Planning*, *National Underwriter*, *Health Insurance Underwriter*, *Life Association News*, *Advisor Today*, *ProducersWEB*, and other professional trade journals.

Allan is Past President of the Disability Insurance Training Council and has received the National Association of Health Underwriters' Norma Medill Award for Journalism. He served as Regional Vice President of the National Association of Health Underwriters and has been a frequent speaker at the Million Dollar Round Table.

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Disability Services Group

Allan Checkoway, RHU

BIO



Allan Checkoway is the Principal of the **Disability Services Group**, a full service employee benefits firm. **Disability Services Group** offers a complete portfolio of Life, Short & Long Term Disability, Medical, Dental and Long Term Care Insurance coverage's.

Allan's career includes thirty five years of healthcare insurance experience. Allan managed the Individual Disability brokerage office for UNUM (Union Mutual) for 24 years. His tenure included overall responsibility of the management, sales and service of a regional office with 500+ agents and brokers.

Allan received the National Association of Health Underwriters *Norma Medill Award* for Journalism and is Past President of the Disability Insurance Training Council. He also served as Regional Vice President of the National Association of Health Underwriters. He has been a frequent speaker at the Million Dollar Round Table, Life and Health Underwriter, Financial Planning and other professional association meetings. Allan has also been a featured speaker at LIMRA (Life Insurance Marketing Research Association), Certified Financial Planners and HIAA (Health Insurance Association of America) educational conferences.

He authored '**Disability Income, A How To Guide**', published by R & R Newkirk; and authored '**Disability Income Insurance**', a text published by Dearborn Financial Publishing, Inc./KAPLAN FINANCIAL. His articles have been featured in the Wall Street Journal, Legal Economics, Lawyers Weekly, Journal of Financial Planning, Stanger Investment Digest, CFO Magazine, Medical Economics Magazine, National Underwriter, Business Insurance Magazine, Health Insurance Underwriter, Association of Health Insurance Agents Newsletter, Life Association News, CLU Journal and other professional trade journals.

Allan most recently authored '**Getting Paid**', a Disability resource manual on filing long term disability claims and appeals with disability insurers, the Social Security Administration and the Veterans Administration. Allan's firm provides a *Disability Counseling Service* to the employees of their employee benefit clients, to guide them through the difficult process of filing Long Term Disability claims. He shares his three decades of long term disability claims experience in '**Getting Paid**'.

Allan will be publishing '**ElderCare Survival Kit**' . . . **Long Term Care in the 21st Century; Long Term Care Insurance Marketing Presentations** for Insurance & Financial Advisors in June 2011.

Allan is presently an Employee Benefit Consultant and the Principal of Disability Services Group, an Employee Benefit Advisory firm. Allan's address is 181 Wells Avenue, Newton, MA 02459, tel: 617.630.0700; email: allan@disabilityservices.com.

The Motivation Behind *Getting Paid*

Getting Paid began in 1985 when I first helped J.K. file a disability insurance claim. I had assisted Jim in setting up an individual disability policy many years before. He was the President of a large metrowest construction company; personable, outgoing and had an aura of success. He was the CEO, chief estimator, and field supervisor, all rolled into one.

Our next meeting was years later at a local coffee shop. The downturn in the local economy and lack of senior management talent in J's company had done him in. A complete nervous breakdown left him anxious, severely depressed and fearful. I volunteered to assist in the claims process as J didn't trust his own judgment.

I helped J file his disability claim, obtaining reports from his primary care physician and therapist. The medical and psychiatric reports had a bleak prognosis which resulted in a quick claims approval. His disability checks began coming regularly until about a year later when J tried to return to work. He took a job as a chief estimator at a Boston area construction company which lasted only a few months. Jim couldn't handle any work pressure at all so we refiled his claim. This time the claims examiner wasn't so cooperative. With me "running interference", eventually his claim was reinstated.

I don't know where Jim is today and I can only wish him well. The experience of assisting Jim was an eye opener for me and incredibly unsettling. Seeing someone reduced from the picture of health and success taught me the value of my guidance.

That experience repeated itself many times over the next two decades. The people and their medical conditions were different but the disability claims process remained the same, but it got much tougher with time. This motivated me to write a booklet on how to successfully file a disability claim or appeal with insurance companies.

Then, I read that the Social Security Administration was denying Social Security disability claims 65 percent of the time. When I saw the denial rate had increased from 48 percent (in 1999) to 65 percent (in 2009) affecting 1.8 million Americans lives negatively, I knew I needed to expand my booklet into a "book" covering Social Security disability claims.

Let's fast forward to 2010 when I read a USA Today article '22,500 PTSD Claims Denied as Personality Disorders'. I went online to check the pre-induction requirements for new recruits into the armed forces. If psychological evaluations weren't being selectively done when entering the military, how could a personality disorder supersede a PTSD claim? I knew my publication would now have to include Veterans Administration disability claims as well.

When my father was rehabbing after a hip replacement, I installed grab rails in his bathroom and hallways. I'll soon be helping my mother-in-law buy a wheelchair. Point being, there's a long list of adaptability and accessibility issues faced by the elderly and disabled population. That's when I added an expansive section on Lifestyle Changes for the Disabled.

White Paper: *Is This The Wrong Time To Be Disabled In America?*

by Allan Checkoway

Isn't it time to stop tens of millions of dollars of disability benefits from being denied, unnecessarily.

Note the following headlines:

- **Federal Disability Traffic Jam** The Washington Times
- **Soldiers risk ruin while awaiting benefit checks** Associated Press
- **Disability Claims can be tough to collect** Wall Street Journal

Is this the wrong time to be disabled in America? Tens of millions of dollars in disability benefits go unpaid by **private insurers**. Over 40 states jointly investigated how one insurer handles their disability claims. Another state set up a system to scrutinize the handling of every rejected claim. What led to the dramatic change in the handling of disability claims? Or has anything changed at all and there's just more adverse publicity?

22,500 Veteran's PTSD disability claims denied as personality disorders, as reported in USA Today . . . How is it possible that a personality disorder (which assumes it existed prior to military service) is diagnosed when psychological evaluations aren't done prior to induction? Each year tens of millions of dollars in Insurer, Social Security and Veterans Administration disability claims continue to be denied.

Does the Disability Safety Net have holes in it? If more than 60 percent of **Social Security** disability claims are **denied** initially, then why are 63 percent **approved** at the hearing stage? What causes the turn around? Unfortunately 39 percent of claimants give up before determining if they would be successful going through the appeal process!! Using the 60 percent frequency of Social Security claim denials, let's examine the some core issues.

The increasing incidence of disability in recent years has increased the need for quality Disability Income protection even more. Over a two decade period, due to improvements in modern medicine, the four leading killers of people between ages 45 and 65 . . . heart disease, hypertension, diabetes and cerebrovascular . . . resulted in a 32% reduction in mortality. However, there was a 55% increase in chronic long term disability from these very same causes! And this study was completed before the onset of some relatively new causes of long term disability . . . Chronic fatigue and carpal tunnel syndrome and fibromyalgia . . . commonly known as "self reported" disabilities

Self-reported symptoms means the manifestations of your condition, which you tell your doctor, that are not verifiable using tests, procedures and clinical examinations standardly accepted in the practice of medicine. The symptoms of self reported disability usually include body aches, fatigue, difficulty concentrating, digestive disturbances, insomnia and poor memory. These symptoms can be debilitating but are usually too generalized to attach to a specific diagnosis. As a consequence, we end up with more claim denials.

To continue, in recent years, mental & nervous disorder claims have increased the risk of disability to even more alarming levels. Group Long Term Disability (LTD) programs have a standard two year limitation on mental and nervous disorder claims. Full benefits are available for the first two years of disability. Thereafter, benefits can be continued if the claimant is "institutionalized", confined to an institution that specializes in the treatment of such disorders. Therefore, there is already a significant restriction in most group LTD programs that accounts for the added risk of mental/nervous disorder claim denials.

Let's look at why the disability insurers automatically provide this exclusion period . . . one major insurer saw an 85% increase in psychiatric disabilities over a five year period. Plus, a minimum of 10 percent of their claims result from some form of psychiatric disorder. Moreover, in another study, approximately half of the total claims reviewed have a psychiatric disorder as a contributing cause of disability.

The waiting period before benefits begin is five (5) months of Total Disability with benefits starting in the sixth month of disability. The disability must be expected to last 12 months or longer. Most applicants consider themselves "disabled" but they won't be in the eyes of the Social Security claims examiner. They're not disabled "enough" to satisfy the stringent definition of total disability.

As we've already mentioned, the 60 percent Social Security initial disability claims denial rate reverses to 63 percent approved at the hearing stage. Regrettably, knowing that 39 percent of claimants gave up the appeals process; a significant percentage of this group might successfully have gained approval had they hung in there long enough.

We can't know for sure, we can only assume, that this "reversal of fortune" meant they had to have done their homework better the second time around. This would have to include better "evidence" to support their disability. "Evidence" might come from a new medical specialist who irrefutably supported their degree of disability. They might have asked their doctor to see what he/she reported to Social Security. They discover their physician attested that they're disabled from their former job but determined they're still capable of working at some job.

The Social Security disability claim denial rate increasing from 39 percent to 62 percent is well documented. We've been unable to develop similar statistics for commercial disability insurers and the Veterans Administration. Having worked for one major disability insurer for two decades, I can assure you the claims examiners have "toughened up".

Relative to VA disability claims, we have a never ending stream of Veterans returning home suffering from PTSD. With the war debt now approaching the TRILLIONS. It's no surprise USA Today reported on '22,500 Veteran's PTSD disability claims denied as personality disorders'. Plus, there are the unconscionable delays. The Associated Press told us that 'Soldiers risk ruin while awaiting benefit checks.' And the Washington Times called our attention to the 'Federal Disability Traffic Jam'.

When we ask why the VA disability claims process has become so onerous, I believe one answer lies beyond just being disabled. VA disability coverage is based on the assignment of a disability "award" classification. The "award" is a percentage of disability or a disability rating, beginning with 0 percent and rising to 100 percent.

A veteran's extent of disability dictates whether he or she is eligible, along with family members, for free medical care and other VA-sponsored benefits (rehabilitation assistance, educational and training services, home loan services, life insurance, etc.). No benefits are paid for less than a 10 percent disability, and the percentage is based on various factors, including the significant impact on a veteran's lifestyle (not just income and earning potential) caused by a combat-related disability.

Today, a veteran with a 10 percent or greater disability becomes eligible for reevaluation of his or her disability rating in future years. Since deterioration in health commonly accompanies the aging process, disability ratings for most veteran's can increase substantially in future years.

In addition to the presence of all those currently receiving disability payments, there is no time or age limit for applying. There is literally no way to account for the extent of the financial impact of future disability applicants.

Plus, it's well known that heart conditions and cancer frequently have depression as a component. Too often the heart or cancer patient recovers from their primary disability but have trouble alleviating Mental/Nervous disorder complications.

Passing a McDonald's the other day reminded me of one other disturbing fact. One Mom recently sued her local McDonald's on behalf of her obese son. Her claim was that McDonald's food made her son over weight. Point being, we're living in a HIGHLY litigious society. It's been said that there's an attorney for everyone.

The commercial insurer, the Veterans Administration as well as the Social Security Administration have all been inundated with an overwhelming number of new claims. We can then add all the new causes of disability, compounded by additional mental and nervous disorder claims. Plus, we'll always have some folks trying to stretch marginal disabilities into total disabilities.

In summary, our purpose was to stress that there are literally TRILLIONS of dollars of disability benefits being turned down annually. We asked the question "Is This The wrong Time To Be Disabled In America?" No, but you have to make absolutely sure your Doctor is agreeing with your claim for benefits. And he must be attesting to the fact that your medical condition renders you unable to perform the duties of your job.

If you're just in the process of filing your disability claim the first time around, we urge you to do your homework. When you don't and your claim is denied, the appeals process can best be described as onerous the "second time around". Again, do your homework and "do it right the first time".

by Allan Checkoway
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