

Frequently Asked Questions About Your SHORT TERM DISABILITY PLAN

For the Eligible Members of The Brotherhood of Locomotive Engineers and Trainmen

The following information provides short, simple answers to frequently asked questions about the BLET's Short-Term Disability (STD) insurance plan. It is not meant to be a detailed description of the plan and does not address all conditions and qualifications to which benefits may be subject. The plan documents, including but not limited to the Summary Plan Document (SPD), govern the operation of the plan.

COVERAGE INFORMATION

HOW DO I KNOW IF I AM COVERED UNDER THE STD PLAN?

You are covered under the STD plan if a participating employer is currently making a contribution to the plan on your behalf.

WHICH RAILROADS ARE COVERED BY THE PLAN?

The following employers are currently covered by this plan:

- Consolidated Rail Corporation
- CSX Transportation, including:
 - Baltimore and Ohio Chicago Terminal Railroad Company
 - Gainsville Midland Railroad Company
 - Richmond, Fredericksburg, and Potomac Railway Company
- Duluth, Missabe, & Iron Range Railway Company
- Elgin, Joliet, and Eastern Railway Company
- Kansas City Southern Railway Company
- Longview Switching Company
- Portland Terminal Railroad Company
- Union Pacific Railroad Company
- Utah Railway Company
- Winston Salem Southbound Railway Company

CAN I SECURE THE BLET STD COVERAGE WITH METLIFE ON MY OWN SINCE MY RAILROAD IS NOT PARTICIPATING?

No, you must be in an eligible group to qualify for the disability program.

AM I ELIGIBLE FOR THE PROGRAM IF I AM A TRAINMAN THAT BELONGS TO THE BLET AND THE UTU HOLDS MY COLLECTIVE BARGAINING AGREEMENT?

No, you are not eligible for group disability benefits if you are a trainman that belongs to the BLET, but the UTU holds your collective bargaining agreement.

IF I AM A PROMOTED ENGINEER AND I AM FURLOUGHED TO A TRAINMAN'S POSITION, AM I STILL COVERED?

You are only covered if you maintain your premiums through payroll deduction with the BLET division that holds your membership for a period of time not to exceed six months.

HOW DO I ENROLL FOR STD COVERAGE?

Eligible members are automatically covered.

New members hired after October 1, 2004 will have coverage 30 days following date of hire.

BENEFIT INFORMATION

WHAT IS THE STD PLAN BENEFIT?

The STD benefit is \$402/week.

HOW LONG CAN STD BENEFITS BE PAID?

Benefits may be payable for up to 52 weeks.

HOW LONG ARE PRE- AND POST-PARTUM BENEFITS PAYABLE?

Typically, benefits are payable for **up to** 6 weeks following a normal delivery and 8 weeks for a Cesarean Section delivery. Pre-partum benefit payments are payable for **up to** 4 weeks preceding the expected delivery date.

Of course, if the physician determines you can work beyond the 4 weeks preceding the expected delivery date, or return to work is sooner than the 6 or 8 weeks following delivery, benefits will only be payable for the actual time you are unable to work.

IS ELECTIVE SURGERY COVERED?

Yes, under certain circumstances. If the surgery is recommended as a continuing course of treatment, or is intended to improve or facilitate an employee's performance of an essential function of his occupation.

MAY I USE VACATION TIME CONCURRENTLY WITH DISABILITY BENEFITS?

Yes, vacation time may be used to supplement disability benefits.

MAY I COLLECT RAILROAD RETIREMENT BENEFITS AND SHORT TERM DISABILITY SIMULTANEOUSLY?

Yes, you may collect STD benefits concurrently with your railroad retirement benefits.

WILL THIS BENEFIT BE PAID CONCURRENTLY WITH INDIVIDUAL DISABILITY POLICIES?

Yes, this benefit will be paid in addition to any individual policy that you have purchased.

IF I AM COVERED, HOW DO I QUALIFY TO RECEIVE BENEFITS FROM THE STD PLAN?

To qualify for benefits from the STD plan:

- You must be under the care of a qualified physician
- You are unable to perform the duties of your craft
- Your disability must last beyond 14 days
- MetLife, the STD plan insurer, must receive certification of your disability from your doctor and approve your claim.

FILING A SHORT-TERM DISABILITY CLAIM

HOW DO I FILE A CLAIM FOR STD BENEFITS?

Contact MetLife at (800) 858-6506 to start the benefit determination process. Select option # 1 to report a new claim.

WHEN SHOULD I CALL TO REPORT MY ABSENCE?

If you are out of work for more than 14 calendar days or if you know in advance that you will be out of work for more than 14 days due to an injury, illness, or pregnancy (i.e. a scheduled surgery) – call MetLife at (800) 858-6506 immediately.

WHAT INFORMATION SHOULD I HAVE READY WHEN I CALL TO REPORT MY ABSENCE?

- **Personal Information:** name, address, telephone number, social security number, date of birth, job title, General Committee and Local BLET Division
- **Job Information:** Workplace location and address, work schedule, railroad, date on engine service, telephone number, and date hired on railroad.
- **Injury/Illness Information:** last day worked, how, when, and where the injury occurred, nature of the injury/illness, when disability commenced, and craft working in at time of injury/onset of illness.
- **Physician(s) Information:** name(s), address(es), telephone number(s), and fax number(s). Information is needed for each treating physician.

CLAIMS PROCESSING

HOW DO I CHECK ON THE STATUS OF MY CLAIM?

Call (800) 858-6506 and select option #2 for claim inquiries. Please listen to the menu selections carefully, and select option #1 for the current status of an existing STD claim.

WHERE SHOULD MY PHYSICIAN OR I SEND NEW OR ADDITIONAL INFORMATION REGARDING MY CLAIM?

All information should be mailed to: MetLife Disability Unit, PO Box 14590, Lexington, KY 40511-4590 or faxed to: MetLife Disability, (866) 690-1264.

WHO, AT METLIFE, WILL BE HANDLING MY CLAIM?

A special disability claims management unit in MetLife's Utica office will handle all STD claims for those individuals covered by the BLET collective bargaining agreement. Here is a quick summary of key numbers and addresses:

To check the status of an existing claim – call	1-800-858-6506
To send a fax to the claims unit – dial	1-866-690-1264
To send a claim by mail – address to	MetLife Disability PO Box 14590 Lexington, KY 40511-4590

HOW WILL MY CLAIM FOR BENEFITS BE EVALUATED?

Within a few business days from your initial claim notification, you may receive a call from the Case Manager assigned to your claim. The Case Manager may ask additional questions and describe the steps that will be taken to evaluate your claim for STD benefits. In evaluating your claim, the Case Manager will consider several factors including:

- Medical information
- Activities you can and cannot perform
- Your medical treatment plan and prognosis for recovery
- Your job description and functional requirements.

WILL METLIFE CONTACT MY PHYSICIAN?

Yes, *but you should call your physician first* to let him or her know that your MetLife Case Manager will be contacting him or her to discuss your condition and how it relates to your ability to perform the duties of your craft. Your physician may require you to sign an authorization to release medical information before discussing your condition with your Case Manager. This will avoid delays in the evaluation of your claim. *You will be ultimately responsible for ensuring that your physician(s) provides MetLife with the needed information.*

IF I HAVE DISABILITY INSURANCE COVERAGE, WHY DON'T I AUTOMATICALLY QUALIFY FOR BENEFIT PAYMENTS?

Like with other insurance coverage, to qualify for benefits, you must have an insurable loss. In the case of STD coverage, this means that you must be *unable* to perform the duties of your craft due to illness, injury, or pregnancy. You must also be under the care of a qualified physician. Your physician must certify your disability to MetLife, and MetLife must approve your claim.

WHAT ARE SOME REASONS WHY THE PROCESSING OF MY CLAIM MAY BE DELAYED?

- You failed to call and report your claim in a timely manner
- Your Case Manager is having difficulty obtaining the necessary information from your physician.
- The medical information provided is not sufficient to make a claim determination and your Case Manager must request further information.
- You have failed to provide additional information that your Case Manager requested
- Your Case Manager is waiting for information from your supervisor/manager regarding the functional requirements of your occupation.

Your Case Manager will advise you as to the cause of any delay.

WHAT SHOULD I EXPECT IF MY CLAIM FOR BENEFITS IS APPROVED?

If your claim is approved, benefits will be paid weekly as long as you meet the definition of disability. Checks will generally be processed by MetLife on Tuesdays.

You will receive an Explanation of Benefits (EOB) statement in support of your first benefit check, which will indicate the date to which your benefits have been approved. Your benefit payments will end on the day prior to your expected return to work date. You will be expected to return to work on that date unless medical documentation of your continued disability is received which supports continued benefit payments. Of course, if you return to work prior to the expected date, your benefit payments will end on that date.

WHAT SHOULD I EXPECT IF MY CLAIM FOR BENEFITS IS NOT APPROVED?

If your claim is not approved, you will receive a letter stating the reason(s) for denial. The letter will also outline the appeals process. That process includes a requirement that you send written appeal notification to the MetLife claims unit in Utica within 60 days of your receipt of the denial letter. Your Case Manager will also be available to discuss questions you have regarding the denial. Appeals are normally processed within 60 days.

HOW WILL MY CLAIM FOR BENEFITS BE MONITORED ONCE THE INITIAL APPROVAL IS MADE?

Frequent and open communication between you and your Case Manager is important if you are to return to work quickly and safely. Therefore, your Case Manager will call you from time to time to discuss your recovery, return to work alternatives, and answer any questions you may have.

The Case Manager will also follow-up periodically with your physician to see how your treatment plan and recovery are progressing. Additional information from your physician may be necessary to continue STD benefits.

WHAT SHOULD I DO WHEN I RETURN TO WORK?

Call your Case Manager immediately and provide them with your return to work date.

This will avoid overpayments in which you will be required to reimburse to the plan.

If you need BLET assistance in working with MetLife, contact:

Jim Bradford

Short Term Disability Plan Administrator

(830) 896-1592

Bradford@ble-t.org

*this document was created by MetLife. The BLET policy and contracts will govern any claims decisions and claim payments.