



**BlueCross BlueShield** of Montana

## Ancillary Products

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### Guide to Claims

#### **Claims Customer Service:**

**866-739-4090**

**[bcbsmt.com/ancillary](http://bcbsmt.com/ancillary)**

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**SUBMITTING A CLAIM  
AND GETTING FORMS**

This guide is designed to assist you in the administration of your group insurance plan.

By providing accurate information and updating changes to the records that you provide to us, we will establish a successful partnership in the administration of your plan.

A key identifier for all documents you send to us is the group and account number. Please include these numbers on all communications.

We recommend that all persons involved in the administration of your group insurance plan familiarize themselves with all administrative procedures and forms. To understand the rights and obligations of all parties, refer to your group master policy.

**SUBMITTING A CLAIM**

Claims can be submitted by:

1. Mail the claim form to us at the address listed on the form.
2. Fax the claim form to the number on the form.
3. Online at our website for Life, AD&D or Waiver of Premium Claims. Please be prepared to attach the required documents when submitting claims online. Note: You must be a registered user of Benefits Manager.

**GETTING FORMS**

You can obtain forms on our website.

Please complete the appropriate claim form for the type of claim being submitted. There are specific claim forms to be used when submitting Death/Accidental Death, Dismemberment, Accelerated Death Benefit, STD and LTD claims.

Most claim forms contain sections to be completed by the employer, the employee and the attending or treating physician. Note: All sections must be completed in their entirety, and appropriate signatures from the employer, employee and attending physician must be provided in order for the claim to be considered a complete claim submission.

Completed forms and any additional documentation should be mailed or faxed to the address or fax number shown on the claim form.

Questions regarding procedures or proper use of forms and claim status should be directed to the Claims Customer Service department.

When completing any of the claim forms, please follow the instructions carefully.

**SUBMITTING A  
LIFE CLAIM**

The following documents must accompany the claim submission:

1. A certified death certificate with a seal for total coverages of more than \$500,000. If coverage is \$500,000 or less and the death occurred in the United States, a copy of the certified death certificate will be accepted, and
2. The insured's original beneficiary designation form, as well as any changes made subsequently.
3. For voluntary coverage, proof of enrollment and payroll deduction are required as applicable.

### SHORT-TERM DISABILITY (STD) CLAIM

To make the submission process as convenient as possible, we offer multiple ways to submit a Short-Term Disability claim.

#### Online

If the employee chooses to file a claim online, they can do so by creating a My Benefits account at [ancillary.bcbsmt.com](https://ancillary.bcbsmt.com). My Benefits, our online self-service tool, allows members to securely and conveniently submit and manage their disability claims online at any time from anywhere. They can submit online without registering for an account, but this option does not allow them to manage their claim online after they submit it.

Using a desktop or mobile device, they will follow the guided steps to set up their account and submit their claim online. They will need an email address to create their account. When they submit their claim online, they will be provided with additional forms that will need to be completed by their employer and their attending physician.

#### Email, Fax or Mail

If the employee chooses to file a claim form, they can download the STD claim forms at [bcbsmt.com/ancillary/employees/forms](https://bcbsmt.com/ancillary/employees/forms). Once the forms are completed, they can email them to us at [DisabilityClaimsMT@bcbsmt.com](mailto:DisabilityClaimsMT@bcbsmt.com), or they can fax or mail them to the number/address on the claim form.

Forms should be completed by submitting a STD claim after the employee's last day worked. Completed forms should be faxed or mailed to us at the address shown on the claim form.

Please Note: If you have Voluntary STD coverage with us, please submit the most current enrollment form your employee has completed, as well as any recent change forms that have been completed during past annual enrollment periods.

#### Telephonically

If the employee chooses to file a claim telephonically, the following steps should be taken:

1. The employee contacts us via phone at 866-739-4090.
2. The Claim Intake Specialist captures all information and begins the process to secure the required authorizations needed to obtain medical information.
3. We will contact you and the claimant's physician, usually telephonically, to obtain any needed information and to advise you that a claim has been filed.

### LONG-TERM DISABILITY (LTD) CLAIM

If your company has an STD plan with us and the STD claim form has already been completed and submitted to us, the claimant may not be required to submit an LTD claim form. We will contact the claimant if additional information is required.

If your company does not have an STD plan with us, the LTD claim form should be submitted approximately 6 to 8 weeks prior to the end of the elimination period. Completed claim forms should be faxed or mailed to us at the address shown on the claim form. They can also submit the claim online by creating a My Benefits account at [ancillary.bcbsmt.com](https://ancillary.bcbsmt.com). My Benefits, our online self-service tool, allows members to securely and conveniently submit and manage their disability claims online at any time from anywhere.

## **TAX REPORTING GUIDELINES**

Internal Revenue Service (IRS) Publication 15-A requires us to report to employers the benefits paid and taxes withheld for their employees.

As a policyholder, you are responsible for matching the employee's portion of Social Security and Medicare taxes (FICA) on all taxable STD and LTD benefits as well as associated W-2 reporting. Disability benefits paid reports will be sent weekly, quarterly and annually. These reports are also available online for registered Benefits Manager users.

### **TAXABILITY OF DISABILITY BENEFITS**

STD and LTD benefits may be considered taxable income. The taxability of these benefits is determined by who pays the premium and how premium is paid.

If the employee pays any portion of the premium on a post-tax basis, the portion of their benefit attributable to their percentage of premium contribution is not taxable. If any portion of the premium is paid by the employee on a pre-tax basis, the portion of their benefit attributable to their percentage of premium contribution is taxable. Any portion of their benefit attributable to their employer's contribution is taxable.

If the benefit is taxable, we are required to withhold Social Security and Medicare taxes (FICA); however, federal income tax (FIT) is not required to be withheld. We will withhold FIT by request.

IRS Form W4-S should be submitted with the claim form to us if FIT withholding is requested by your employee.

### **YEAR-END TAX REPORTING**

For those employers whose group insurance plan includes STD or LTD insurance, we can also prepare and issue a W-2 for each insured receiving disability payments. Groups must be fully insured. A signed W-2 agreement is required. Please refer to the agreement (found on our website) for specific time limits that must be met.