

HELPFUL HINTS FOR FILING A SHORT TERM DISABILITY CLAIM OR PFL CLAIM

1. DB 450 claim forms and statements of rights must be given to all employees who are out of work due to disability for more than 7 days.
2. The claim form should be given to your employee as soon as a claim is suspected. Please advise your employee to:
 - fully complete all portions of the form;
 - have their doctor complete their portion and return it to your office for your completion.

Please be sure to provide complete salary information and if wages are continued, provide us with the reason, i.e., vacation, sick time, etc.

3. If disability is due to an accidental injury, please be sure employee supplies a full description of the accident providing how, when and where the accident occurred.
4. Pregnancy Claims should not be submitted prior to actual disability date. Be sure physician provides estimated delivery date and notify Maxon as soon as the baby is born and type of delivery.
5. Keep a log of all employees out on disability including:
 - the date they became disabled
 - proposed return to work date
 - actual return date
6. Notify Maxon as soon as you are advised of employee's return to work to avoid possible over payments.
7. Please be sure to provide FICA information on claim form.

Please remit NYS DBL & PFL claims to Equitable Life Insurance Co, c/o Maxon Administrators Inc. Maxon will accept an email or fax copy of the DBL claim form. Please email to disability@maxonco.com or fax to 845-985-0238. STD claims: claimsubmission@groupclaims.com

When both DBL and STD are in place, send STD claim form to both claims e-mail addresses (no DBL claim form). The employer receives a copy of every EOB mailed to a claimant. This information will soon be available on EB360.

8. Supplemental claim forms are sent to claimants with their benefit checks. These must be completed and returned for additional benefits to be paid.

***The claims department is always available to answer any questions you may have.
The DBL claims department toll free number is 1-800-999-3309. STD claims: 866-274-9887***