

# Combined Benefits Group, Inc.

## PROCEDURES FOR FILING CLAIMS FOR DISABILITY INCOME

In order to prevent delays in processing your claim, please read the following instructions carefully. If you have any questions or need to follow-up on a claim, please call (866) 376-9474. The completed form should be copied for your records. Please mail the original to:

**Fortis Benefits c/o DRMS  
Attn: Disability Claims  
One Riverfront Plaza  
Westbrook, ME 04092-9700**

You may also fax your completed claim to (207) 591-3780.

There are three parts to this form. Each part should be completed by the person indicated.

- Part I EMPLOYEE'S STATEMENT:** Please complete all of the Employee Statement, date, and sign where requested.
- Part II EMPLOYER'S STATEMENT:** Have your employer complete the Employer Statement, date, and sign where indicated. Be sure to indicate the days missed from work and the return to work date, if known.
- Part III ATTENDING PHYSICIAN'S STATEMENT** Have your physician complete the Physician's Statement. It is imperative that the physician list dates of treatment and indicate the dates of disability from beginning to end, if known.

Please inform your physician that this is a **DISABILITY INCOME POLICY ONLY. IT IS NOT A HEALTH INSURANCE POLICY. THERE IS NO COORDINATION OF BENEFITS FOR HEALTH CARE.** Show him/her this memo so that he/she will know what is needed to file your claim.

In general, benefits are not normally subject to income taxes. Therefore, no deductions will be made from your benefit check. In addition, premiums during your time of disability are also waived. Therefore, you will not be required to remit your premium to your employer while out on disability.

Once you have submitted your completed claim, DRMS will send a letter shortly after your claim is received, acknowledging receipt of the claim. Following that, you should receive your benefit check or a request for additional information if anything is needed.

Should you need assistance in filing your claim or have questions regarding your benefits, please contact our office. We would be happy to assist.

PO Box 164195  
Austin, TX 78716  
Office: (512) 261-6458  
Toll Free: (800) 749-6458  
Fax: (512) 261-6975

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Waco, TX 76708  
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