Checklist For Health Care Professionals: When Your Patients are Considering Disability Insurance

Are your patients asking you about taking time off work or disability insurance? Are you responsible for completing medical certification forms, helping patients with disability insurance applications, or providing patient records for their application?

This Checklist offers key things to discuss with patients who share that they are considering applying for disability benefits.

☐ **Explain Options**
  - Encourage patients to learn about their options and how they work with employer policies and federal and state laws: individual private disability insurance, employer-sponsored private disability insurance, state disability insurance, or federal long-term disability programs (Social Security Disability Insurance (SSDI) & Supplemental Security Income (SSI))
  - Encourage patients to check if they have a short-term or long-term disability policy through their employer and to find out details (e.g., length of coverage, is their job protected while receiving disability benefits, etc.)

☐ **Explain the Need to Appeal Denials**
  - An average of 65% of Social Security Disability (SSD) applications are initially denied. Appeal! If patients go to an administrative law judge hearing, they should consider hiring an attorney who specializes in Social Security Disability.
  - While appeals may take time, SSI and SSDI pay benefits back to the application date, and SSDI pays up to 12 months before the date of application if the disability began earlier. Patients should continue through the appeals process even if they return to work, because they may be eligible for back benefits.
  - Warn patients who are eligible for private long-term disability and SSDI, that if they get back payments, a portion may be owed to the private company. Check before spending any money or the company can place a lien on benefits.

☐ **Ask Your Patients About Their Disclosure Preferences**
  - Some patients have concerns about disclosing their cancer diagnosis to their employer. Ask about disclosure preferences, especially if completing medical certification paperwork that is being sent to the employer, because patients have choices. But when completing disability insurance paperwork, which is sent to the insurance provider, all relevant information should be shared to demonstrate how their medical condition impacts their ability to work.

☐ **Remember These Tips For Completing Paperwork**
  - A patient’s disability onset date is usually not the date of diagnosis. A patient’s disability onset date, for the purposes of applying for disability benefits, is the date when they become unable to work based on their medical condition. The inability to work could be caused by a single medical condition or side effect, or a combination of physical and psychological conditions or side effects from treatment. Describe the totality of the circumstances, and include all medical challenges and comorbidities. Patients may be under-reporting their symptoms. Ask questions!
  - Should be framed around a patient’s ability to work, which means you need to know their specific job responsibilities.
  - When submitting a patient’s medical records, review them to ensure there are no misleading statements, such as "patient is responding well." If there are, the health care professional can write a supporting letter explaining.

☐ **Direct Patients to** [www.CancerFinances.org](http://www.CancerFinances.org) **for Disability Insurance & Other Financial Information**

Disclaimer: This handout is intended to provide general information on the topics presented. It is provided with the understanding that Triage Cancer is not engaged in rendering any legal, medical, or professional services by its publication or distribution. Although this content was reviewed by a professional, it should not be used as a substitute for professional services. © Triage Cancer 2021