



Insler & Hermann, LLP

Disability Fact Kit

By Lewis B. Insler, Esq. and Gabriel J. Hermann, Esq.

www.nymetrodisability.com

Six Important Tips for Winning Your Social Security Disability Claim

by Lewis B. Insler, Esq. and Gabriel J. Hermann, Esq.

1. Begin NOW!

Don't wait until your financial resources become tight. **Success in your claim is based only on your disability**, not on how much money you have in the bank. Applications can take over a year to process, and up to two years if you need to request a hearing or appeal an unfavorable decision from the Social Security Administration. You do not have to deplete all of your assets in order to receive Social Security disability. You can receive benefits from multiple sources at the same time without affecting your Social Security Disability claim.

2. Strongly consider hiring an attorney.

Living with a disability in itself is overwhelming; trying to navigate a Social Security claim alone is unnecessary and usually not cost effective. The better organized your claim is, the better your chances of a quick and favorable decision. Being represented by an attorney from the beginning will reduce your stress level and will increase your chances of winning the highest possible award at the earliest possible date.

By law, all attorneys' fees are subject to approval by the Social Security Administration. Many attorneys charge the same fee for all work up to the first hearing, **no matter when they get involved: 25% of any back due benefits.**

A good disability attorney will:

- patiently answer all of your questions,
- help you fill out your paperwork, and
- appear with you at a hearing.

An **excellent** disability attorney will **ALSO**:

- file your initial application for you electronically,
- help you from day 1 in organizing your case,
- collect a complete and accurate medical record for your claim,
- request additional information from your physicians, and
- aggressively follow up to make sure that your claim is processed quickly and fairly.

Hire an attorney now—avoid making mistakes and eliminate the unnecessary stress of trying to handle your claim by yourself.

3. Keep careful records of your condition.

Dedicate a notebook/journal to your disability. Record of all your medical appointments, and keep all of your medical receipts. Document all of the medical treatments you have undergone and medications you have been prescribed—and note how successful each has been. If you have chronic pain, keep a diary.

4. Document all of your disabling symptoms and conditions.

Every symptom, physical or psychological, may be relevant to your claim. Many medical disabilities result in psychological strain, and often there are powerful emotional and psychological components to disabling illnesses. If you have been diagnosed with depression or anxiety, or if you are undergoing any type of mental stress or pressure following your disability, document your mental state in your disability notebook/journal.

5. Involve your doctor.

You will need copies of all relevant medical records, which your physician's office should provide. For a successful claim, your doctor should provide you with a letter detailing how your medical conditions limit your ability to return to work and to do everyday activities. Many doctors are reluctant to involve themselves with the paperwork you require for a successful claim, but if you have an attorney, he or she should make sure that your medical records are clear and complete. **The information your doctor provides will have a huge impact on your claim.**

6. DON'T GIVE UP!

We believe that **the initial claim denial is actually meant to discourage you from appealing** your claim. Over 60% of all claims are denied at the initial claim level. **If you are denied benefits, appeal and keep appealing.** Find an excellent attorney who will aggressively pursue your case.

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Social Security Disability Claims: Avoiding Mistakes the Other Guys Make

By Lewis B. Insler, Esq. and Gabriel J. Hermann, Esq.

THE OTHER GUY...

Doesn't apply for benefits soon enough. He thinks he has to wait a certain amount of time before he can apply for Social Security Disability. He waits to apply until all other claims relating to his injury or illness are settled, or he does not apply until he has run low on financial resources. He does not realize that claims can take several years to process—that the initial application takes between four and six months to process, and that the current wait for a hearing to review a claim is up to 18 months.

AVOID THE MISTAKE!

If you have a disabling condition which is expected to last for at least one year, you should apply for benefits immediately. Don't wait to apply for Social Security Disability, because retroactive benefits can only go back one year from the date of your application, no matter how long ago you became disabled. Since Social Security Disability benefits are based on your condition and NOT on how much money you have in the bank, you can only hurt yourself by waiting to apply.

THE OTHER GUY...

Takes "no" for an answer. His application is denied, and he gets frustrated and gives up. He doesn't realize that over 60% of all claims are denied at the initial application, and require a hearing to appeal this denial and get benefits paid.

AVOID THE MISTAKE!

If you are denied benefits, don't give up! You are entitled to a hearing. Your chances of winning at the hearing stage are much better: 55% of applicants nationwide win at the hearing stage. If you are represented by a good attorney, your odds of winning at a hearing can go up to 85%. Even if you are denied at a hearing, other appeal processes are still available to you.

THE OTHER GUY...

Accepts a reduced benefit award. His files are missing certain information, or there are aspects of his disability that he has failed to highlight, so he doesn't receive his full benefits. If he is granted an award, he does not check the date that the Social Security Administration says his disability began against the true onset date of his disability.

AVOID THE MISTAKE!

You should make sure that you clearly present all relevant information in your claim. You also should never accept an onset date of your disability that is later than it should be, or you won't receive all of the back benefits to which you are entitled.

THE OTHER GUY...

Thinks that in order to file a claim his disability must be permanent. He doesn't file because he believes his condition will improve. If he has been denied, he doesn't appeal because by this point his injury or disability is improving.

AVOID THE MISTAKE!

If you are disabled or expected to be disabled for at least 12 consecutive months, you may be eligible for a "closed period" of disability. Even if your condition is greatly improved by the time of your hearing, you still may be entitled to back due benefits.

THE OTHER GUY...

Files an incomplete claim. He doesn't realize that his file is missing important relevant medical information. He doesn't have all of his medical records in his file. He doesn't include a letter from his treating physician, or the letter that he has is missing information or was badly written. He fails to include all of his medical problems, not just the ones that come from his most recent illness or accident.

AVOID THE MISTAKE!

You should always review all of the possible information that should be included in your claim in order to maximize your benefits, and make sure that your claim is complete and well presented. An experienced attorney can help you with this, since he or she can read and understand medical records, and will be able to decide what important documents are missing and necessary for your claim.

THE OTHER GUY...

Does not include enough medical information in his claim. He thinks that his claim should include only the medical issues that resulted directly from the injury, illness or accident that triggered his disability.

AVOID THE MISTAKE!

Even pre-existing medical conditions may be important to your claim, particularly if they make it more difficult for you to return to work. For example, even if you suffered from diabetes or arthritis, or had cardiac trouble before you became disabled, those conditions might be relevant to your disability claim now, in which case they should become part of your claim.

(over)

THE OTHER GUY...

Does not include psychological aspects of his disability in his claim. Often, coping with a disability causes psychological strain and even anxiety or depression. The other guy assumes that it is not relevant to his claim. In fact, these are important factors in a disability claim, and failure to include them can have a major impact on his final award.

AVOID THE MISTAKE!

If you have suffered any emotional or psychological impact as a result of your disability, it should be included as part of your claim. Combining the psychological aspect of a disability with the physical issues that triggered it can often be the deciding factor in a finding of disability.

THE OTHER GUY...

Does not reapply for benefits or update his claim if his condition becomes worse or if he becomes aware of other medical conditions. He believes that once his claim is filed, he has exhausted all of his options. If his appeal time has run out, he thinks that he is out of luck.

AVOID THE MISTAKE!

No matter where you are in your application process, if your condition becomes worse, you can and should make the Social Security Administration aware of it. Even if your case is closed, if something has changed in your medical condition, you may be able to reapply for benefits, or reopen your claim.

THE OTHER GUY...

Does not request that his prior applications be reopened. He thinks that these old cases are unrelated to his current condition.

AVOID THE MISTAKE!

If you have prior applications, often they can be reopened, which could get you access to many months or even years of back benefits. Consult with an experienced attorney to find out the requirements for reopening your prior applications.

THE OTHER GUY...

Doesn't take advantage of other benefits while he is applying for Social Security Disability. He doesn't know that he can be eligible for Social Security Disability benefits and still receive workers' compensation, VA benefits, personal injury claims settlements, and other private insurance disability benefits. He thinks that he must wait until his personal injury or workers' comp case is settled before he can apply for Social Security Disability.

AVOID THE MISTAKE!

Investigate what other benefits you are entitled to collect, and educate yourself about what benefits you may receive at the same time. You should not wait to apply for Social Security Disability until your other cases settle. You can and should apply for Social Security Disability benefits before you settle your workers' compensation, personal injury or any other claim.

THE OTHER GUY...

Thinks that vocational rehabilitation will hurt his claim. He is afraid that if he takes a job, or if he enters a new job training program, he will damage his Social Security claim.

AVOID THE MISTAKE!

In fact, under the Social Security "Ticket to Work" programs, you may be able to return to work while maintaining your monthly benefits. While there are pros and cons to returning to work under these programs, if you arm yourself with the right information, your decision will be based on what is right for you.

THE OTHER GUY...

Submits claim forms before retaining a lawyer. He thinks that he can manage all of the complex paperwork and understand the rules himself. He doesn't realize how simple mistakes he makes at this early stage can cause his claim to be rejected or reduce his award.

AVOID THE MISTAKE!

You should contact an attorney as soon as possible. The earlier you get help, the sooner you are likely to get an award, and the less stress you will have in getting it.

THE OTHER GUY...

Thinks that he can't afford to hire an attorney. He doesn't have enough money to pay a retainer upfront, and he is afraid of generating huge legal bills.

AVOID THE MISTAKE!

Most Social Security attorneys only get paid if you win your case. The fee is usually based on your retroactive, "back due" benefits after they are awarded, NOT on how many hours the lawyer has worked on your claim – so you should take the earliest opportunity to get that lawyer involved. In fact, by law, all attorney fees must be approved by the Social Security Administration, and this amount is capped unless you need to appeal. Look at it this way: once you are represented by a good attorney, you are far more likely to receive the maximum award to which you are entitled, and your claim will be processed much more rapidly than if you tried to go it alone.

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From Application to Award: The Social Security Disability Procedure at a Glance

By Lewis B. Insler, Esq. and Gabriel J. Hermann, Esq.

The Application

You can complete your initial Social Security Disability application either on your own or with an attorney. If you have an experienced attorney, he or she will help you avoid making mistakes when you complete your application. Some attorneys will file your application for you, but you should look for an attorney who can file your application electronically, since this allows the Social Security Administration to begin processing it the same day and cuts down on much of the processing delays.

After the Social Security Administration receives your application, it usually takes them five to six months to make their initial determination.

The Hearing

If your initial application is rejected (about 65% of all initial claims are), you must appeal your case and request a hearing before an Administrative Law Judge. At the hearing you will be given the opportunity to present evidence and cross-examine medical and vocational witnesses.

This is your best chance at having your claim approved. Nationwide, approximately 55% of the people who apply for hearings are approved, although these statistics are dramatically higher for those who are represented by an attorney.

The Appeal

If you are denied at the hearing stage, an appeal can be made to the Appeals Council of the Social Security Administration within 60 days of the date the judgment is received.

The Appeals Council can overturn the Judge and award benefits, restore the matter for another hearing, or uphold the Judge's decision. If the Appeals Council upholds the Judge's decision and your benefits continue to be denied, the next level of appeal is to the Federal District Court. This Court cannot accept any new evidence; therefore, many attorneys will appeal cases to the Federal District Court only if they feel there is merit to the appeal and they are able to identify an error of law in the decision.

The Approval

After approval of a case at any level, the Social Security Administration will calculate your retroactive benefits and any auxiliary benefits for your spouse or minor children. Retroactive payment is usually made 30-60 days after the favorable decision, and you should receive an explanatory letter (referred to as an Award Certificate or Award Notice) within two weeks after the payment is made. Unfortunately, Award Notices often contain mistakes. One of the most important things a good attorney does for you is to thoroughly review your Award Notice in order to insure that the benefits you have received and will receive are accurate.

Continuing Disability Reviews

Whether or not you return to work, Social Security has a right to review your case on a regular basis, usually every three years. These "Continuing Disability Reviews," are not usually a cause for concern if you are still under active medical treatment. Nonetheless, you should always contact your attorney immediately if you receive notice that your entitlement to benefits is being reviewed.

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Saving on Prescription Drugs and Healthcare

by Lewis B. Insler, Esq. and Gabriel J. Hermann, Esq.

Paying for necessary medication or healthcare in general is often one of the biggest obstacles facing a disabled individual. Although Medicare now includes limited prescription drug coverage, Social Security Disability beneficiaries are not eligible for Medicare until 30 months after their first day of disability. Medicaid covers prescription drugs but is limited in other ways. For our friends and clients, we present several alternatives for saving on prescription drugs.

Partnership for Prescription Assistance

This resource provides a single point of access to over 475 public and private patient assistance programs, including programs offered by individual states, community groups, patient advocacy organizations, and pharmaceutical companies. Each patient assistance plan available through the Partnership for Prescription Assistance has its own eligibility criteria, typically based on prescription benefits status, household size and income, and citizenship status. For more information, call 1-888-477-2669 or visit www.pparx.org.

Pharmaceutical Companies

Some pharmaceutical companies provide eligible customers with a discount drug card to use at the pharmacy when having their prescriptions filled. Alternately, most major pharmaceutical companies offer Prescription Assistance Programs, which provide those in need directly with free or low-cost prescription medications.

PFIZER offers a prescription assistance program for those who are uninsured or need help paying for their medication. Individuals may even qualify to receive free Pfizer medications. For more information, call 1-866-221-7500 or visit www.pfizerhelppfulanswers.com.

MERCK provides its medications for free or at a discounted price to those who do not have prescription drug coverage and cannot afford to pay for their medications. For more information, call 1-800-727-5400 or visit www.merckhelps.com.

NOVARTIS provides assistance to U.S. residents who do not have any form of prescription coverage. For more information, call 1-888-NOW-NOVA or visit www.novartisicareplan.com.

Check with the company that manufactures your prescription medication to see if they offer a patient assistance plan that you qualify for.

Ask Your Doctor

Pharmaceutical companies give doctors significant amounts of prescription medication in the form of samples. Talk to your doctor to see if he or she has samples of your medication available.

Ask your doctor about generic drugs. Because these drugs are required by the FDA to be equal to the brand-name counterparts, they are often good, low-cost alternatives. Though a particular branded drug may not have a generic, a very similar member of the same drug class may be available. Instead of asking your doctor whether a particular brand-name drug has a generic version, ask your doctor whether there is a generic available in the class of drugs that you are taking to treat your problem. For more information on generic drugs, visit <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/default.htm>.

Low Cost Insurance for New York Residents

New York State subsidizes two programs that provide health insurance, including prescription drug coverage, to low-income residents.

FAMILY HEALTH PLUS is available to uninsured individuals or families who do not qualify for Medicaid. Health care and prescription drug coverage is provided through a managed care plan. There is no cost to apply to or participate in the program. For more information, call 1-877-934-7587 or visit <http://www.nyhealth.gov/nysdoh/fhplus/>.

HEALTHY NY is available to individuals or families who are ineligible for Medicare. Employment requirements apply. Medical coverage is provided through an HMO. There is a co-pay for prescriptions and services, though rates vary by county, provider, and services chosen. For more information, call 1-866-HEALTHY or visit <http://www.ins.state.ny.us/website2/hny/english/hny.htm>.

EXPANSION OF NY COBRA COVERAGE Following a 2009 amendment to New York Insurance law, New York insurers who offer group coverage are required to extend the period of coverage under COBRA from 18 to 36 months. For more information, visit http://www.ins.state.ny.us/cobra/cobra_ext_36.htm.

DEPENDENT HEALTH COVERAGE FOR ADULT CHILDREN

Recent legislation now requires insurers to offer individual and group policyholders the option to cover dependent children through age 29. For more information, visit http://www.ins.state.ny.us/health/S6030_Age29_make.htm.

State Of New Jersey Programs

HEALTH COVERAGE FOR INDIVIDUALS WITH PRE-EXISTING CONDITIONS

Under NJ Protect, uninsured New Jersey residents with pre-existing medical conditions can get low-cost federally subsidized health insurance. For more information, visit http://www.state.nj.us/dobi/division_insurance/njprotect/index.htm

The New Jersey Department of Health and Senior Services also offers prescription drug assistance to elderly and disabled residents. Each program has specific income requirements.

PHARMACEUTICAL ASSISTANCE TO THE AGED & DISABLED For more information, call 1-800-792-9745 or visit <http://www.state.nj.us/health/seniorbenefits/paaddetail.shtml>.

SENIOR GOLD PRESCRIPTION DISCOUNT PROGRAM

For more information, call 1-800-792-9745 or visit <http://www.state.nj.us/health/seniorbenefits/seniorgolddetail.shtml>.

State Of Connecticut Programs

CONNPACE is a service that helps qualifying disabled and elderly Connecticut residents to afford prescription medicines and insulin. For more information, call 1-800-423-5026, or visit <http://www.connpace.com/>.

CONNECTICUT MEDICARE SAVINGS PROGRAMS help eligible enrollees to pay for Medicare Part B premiums, deductibles, and co-insurance. For more information, visit <http://www.ct.gov/dss/cwp/view.asp?Q=451370&A=2345>.

OTHER ASSISTANCE PROGRAMS are available in Connecticut to help disabled individuals with food and housing assistance, cash assistance, social work services, and more. For more information, visit <http://www.ct.gov/dss/cwp/view.asp?a=2345&Q=304922&dssNav=1>.

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Social Security Programs at a Glance

by Lewis B. Insler, Esq. and Gabriel J. Hermann, Esq.

TITLE II

DISABILITY INSURANCE BENEFITS (“DIB”)

To be eligible for **Social Security Disability Benefits (“DIB”)** you must have earned a total number of credits based on your age, and you must have **worked and paid Social Security taxes covering 20 of the 40 quarters before you claim to have become disabled.** The minimum earnings needed to earn a credit increases annually. For 2008 it is \$1050. You can earn no more than 4 credits per year.

Benefits vary depending on how much and how long you have paid into the system. Most workers receive a Benefit Estimate and Earnings Record annually.

Medicare coverage comes with Disability Insurance Benefits, and begins on the first day of the 25th month after your disability eligibility date. If you are enrolled in Medicare, you are eligible to enroll in a Medicare-approved drug discount program, unless you receive outpatient prescription drugs through Medicaid.

Children and the spouse of a disabled worker can receive an additional monthly benefit, but not Medicare coverage.

TITLE XVI

SUPPLEMENTAL SECURITY INCOME (“SSI”)

Supplemental Security Income (“SSI”) is a **need-based program for disabled people who have never worked, or who haven’t worked enough to earn the necessary quarters** to qualify for Social Security DIB payments. You also may be eligible for SSI if you have **not worked in the five years prior** to the date that your disability began, even if you had paid into Social Security previously. Other eligibility requirements include an **asset limit of \$2000, and an earnings limit** that considers spousal or other household income.

If, under Title II, you receive a low monthly benefit due to a **limited work record**, your DIB payment amount **may be supplemented** up to the SSI amount, provided you also meet the required asset limits.

There is **no separate benefit for the spouse or children** of an SSI recipient. Immediate **Medicaid coverage comes with SSI benefits.** The Medicaid card pays for some prescription medications as well as for long-term nursing care.

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The Confusing Social Security Timeline: Seven Important Time Periods Relating to Your Disability Claim

by Lewis B. Insler, Esq. and Gabriel J. Hermann, Esq.

Many confusing time periods are involved in filing for Social Security Disability or Supplemental Security Income benefits. Even more complicated are the timeframes that arise after you begin receiving benefits, depending on your circumstances. While it is impractical to outline every single time period that could ever arise in each disability case, following is a summary of some of the common time frames faced by most claimants.

1. The “Durational Requirement”

Your disability must be expected to last **12 months or more** in order for you to be eligible for any benefits. This is called the “Durational Requirement.”

2. The “Waiting Period”

No benefits are payable for the **first five months** of your disability. This is called the “Waiting Period.” These five months are part of the durational requirement, however—so the Waiting Period begins from the onset date of your disability, as determined by the Social Security Administration.

3. Concerning Retroactive Benefits

In Social Security Disability claims, retroactive benefits can be paid for **up to one year** before your date of application, no matter how long it takes for the Social Security Administration to determine that you are disabled.

4. Concerning Supplemental Security Income (SSI)

In SSI cases (as opposed to Social Security Disability claims), no benefits are payable **before the month that you apply**.

5. The “Trial Work Period”

After you begin receiving benefits, you have a **nine month** Trial Work Period (TWP), during which you may continue to receive benefits no matter how much you earn. These nine months do not have to be consecutive and are cumulative.

6. The “Extended Period of Eligibility”

During the **39 months** after you exhaust your Trial Work Period, you are entitled to benefits for any month in which you earn less than the current amount for Substantial Gainful Activity (SGA), an amount that is adjusted annually. This time period is called your “Extended Period of Eligibility” (EPE).

7. The “Re-entitlement Period”

If your earnings exceed SGA in any month after your Extended Period of Eligibility, your benefits will stop. But if, **within five years of the termination of your benefits**, you become unable to work due to the same condition, your benefits can be reinstated without a new application. This is called the “Re-entitlement Period.”

Other Confusing Time Periods

There are many other time periods in Social Security claims that relate to receiving Medicare, reopening previous claims, and other particular circumstances. These time periods are very technical and complex, and require extended discussion and explanation in each individual case. If you have any questions about time frames or waiting periods as they relate to a specific claim, please contact an attorney who specializes in Social Security Disability law for more information.

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7 Things You Need to Know Before You Return to Work

by Lewis B. Insler, Esq. and Gabriel J. Hermann, Esq.

- 1. Returning to work is probably the most confusing aspect of Social Security Disability and Supplemental Security Income.** If you are disabled and you return to work, you must advise the Social Security Administration. **Each case is different and must be properly documented and analyzed by your representative** to avoid allegations of overpayment.
- 2. The Social Security Administration (SSA) wants you to return to work and become financially independent.** The SSA's "Ticket to Work" programs allow you to return to work either full or part time and to continue to receive Medicare and Medicaid coverage and earnings offsets that maintain some level of monthly benefits and health insurance for limited periods. Your monthly benefits will be determined by how much you earn per month and how long the work lasts.
- 3. Social Security may continue to pay you benefits even if you return to work.** While you must notify the Social Security Administration if you return to work, if you earn less than a certain amount (set annually by the SSA), it will have no effect on your ongoing receipt of benefits. Even if you earn over that amount, the first 9 months that you work are considered a "trial work period," during which you keep your full benefits. After your trial work period ends, you can continue to receive extended Medicare coverage. If your disability does recur either during or after your 9-month trial period, you also may continue to receive monthly payments if you earn less than a set monthly limit during your "extended period of eligibility."
- 4. If you do return to work, other benefits may be affected.** Housing programs and food stamps are often reduced or even withdrawn when you return to work. Continuation of your health insurance may be affected, and your private insurance coverage may be called into question, as might Workers' Compensation.
- 5. Occasionally, your attempt to return to work will trigger a Continuing Disability Review.** This review examines the evidence relating to your current medical condition in order to determine your ongoing entitlement to benefits. Although this is not supposed to happen under the "Ticket to Work" policies, it does sometimes occur. Fortunately, most reviews are decided in the claimant's favor, although you may undergo a period without payments.
- 6. If your disability recurs once you have returned to work, you may experience delays before your benefits are fully reinstated.** Although the Social Security Administration assures claimants that a recurrence of the disability will result in the immediate reinstatement of benefits, in practice there may be months of delay.
- 7. The Bottom Line: you must understand your obligations and your rights in order to maintain and maximize your benefits when attempting to return to work, so that you can make an informed decision.** Information is available on the Social Security website at www.ssa.gov, under "Ticket to Work." Of course, feel free to call us if you need advice or help sorting out your questions.

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When Will I Hear From Social Security and What Should I Do Then?

By Lewis B. Insler, Esq. and Gabriel J. Hermann, Esq.

When Your Claim Is Filed:

You **MAY** receive a phone call requesting the signed releases and representation paperwork that you signed when you met with us.

- If you actually speak with someone, tell them we will mail the documents to the local Social Security office. **Advise them that your attorney is handling the matter.**
- If you get a letter or a phone message about this, **you do not have to respond**, but if you do, tell them we are taking care of it.

In Two To Four Weeks:

You **WILL** receive a multi-page questionnaire from the State Office of Disability Determinations that we call the DAQ (Daily Activities Questionnaire).

- Complete the DAQ and send it to our **MAIN OFFICE** (Elmsford). We will review it and we will submit it to the examiner.
- If you do **NOT** receive the DAQ within 45 days of the date you met with us, please call our office. It could be an indication that the process of your claim has been delayed at the District Office.

At Any Time Until Social Security Makes Its Initial Determination:

You **MAY** get a follow up letter indicating that the State Agency is missing information. The letter is either about the DAQ or medical records they have requested.

- Usually you do not have to do anything, but if you get a number of these showing that many of your doctors have not replied, you should **let us know**.

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You **MAY** be contacted by telephone or mail by the Claims Examiner to attend one or more medical exams. This is routine.

- Normally we receive a copy also, but please **advise our office and attend the appointment(s)**.

In Four To Six Months (Usually):

You will receive the **Initial Determination on your claim**.

- Whether it is approved or denied, please **call us**. In almost all cases we will get a copy, but we know you will have many questions.

Within 60 Days After The Initial Determination:

If your claim was denied and you live in New York, we will file a request for a hearing before an Administrative Law Judge. In New Jersey or Connecticut we must first file a Request for Reconsideration for you. **Before either request can be filed, we will send you forms to complete.**

- **Promptly complete and return these forms to us**. The time to file an appeal is limited.

Within Six Months — In New Jersey And Connecticut, If A Reconsideration Is Filed:

You will receive the Reconsideration determination.

- Please **call us, whether it is approved or denied**. In almost all cases we will get a copy, but we know you will have many questions.

If it is denied, we will file a request for a hearing before an Administrative Law Judge.

- There is a filing deadline, and we will send you **forms to complete**. Please do so and **return them to our Elmsford office promptly**.

After The Hearing Request — In All States:

You will receive a letter from the Social Security Hearing Office (known as ODAR) confirming the receipt of that hearing request. We call that the "20 day letter." The timing of that form varies from office to office. The "20 day letter" is **NOT** the Hearing Notice. Typically it will take **at least eight months for a hearing to be scheduled** and you will hear about the hearing from us before you get the official notice.

- **Call us immediately if you get a hearing notice** and we have not contacted you or if it contains different information from what we have told you. **We will be in touch with you to prepare for your hearing.**

When You Receive The Hearing Notice And Package:

- **Complete and return** the Acknowledgment that you will be attending the hearing.
- Do not return the other forms, but please **complete the Medication List and bring it with you** when you meet with your attorney to prepare for your hearing.

If You Receive A Letter Approving Your Claim At Any Level You Should Advise Us Immediately.

We will answer your questions and advise you what to expect at that point.

Provided as an educational service by Insler & Hermann, LLP. If you have any questions about a Social Security Disability claim, or if you are planning to file a claim and want to avoid making any mistakes, you are invited to call or email us. We will be glad to speak with you without cost or obligation.

Insler & Hermann, LLP ♦ info@nymetrodisability.com ♦ (914) 286-3030 ♦ www.nymetrodisability.com

Insler & Hermann, LLP: dedicated to pursuing your claims quickly and vigorously, while providing you with the best in personalized, caring attention.