

FAQ's

Why should I hire Social Security Advocates for the Disabled?

Hire us because we win, and we've been winning since 1994. People that are represented by an experienced and skilled advocate have a much better chance of winning their Social Security Disability case.

How can you help me if I don't live near your office?

Proximity isn't an issue. In fact, the majority of our clients don't live close to one of our offices. We are in constant communication through telephone and email, and we also give you access to your entire case file, including up-to-the-minute status through our secure web check system.

As you read through some of the feedback from our clients, you'll see most of them are from cities where we don't have an office. So whether you live across the street, or across the country, our advanced Technology keeps us in constant communication.

I have an application pending. Do I still need your help?

The initial application is only the first step in what can be a lengthy and complex process. We will shorten and simplify the process, thoroughly explain every step, and make certain you are aware of the critical details that impact your case and your future. There's too much at stake to go through this process alone and uninformed. We can start advocating on your behalf today.

Why should I apply for Social Security Disability?

There are financial and other benefits to applying for Social Security Disability:

- A cost of living adjustment is made every December that increases your benefit Medicare eligibility after 2 years, which covers hospitalizations, doctor visits, and may cover your prescriptions.
- If you purchased COBRA coverage from your employer, you can get it extended while you wait for Medicare to begin.
- · And, qualifying for Social Security Disability may increase your retirement benefits.



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How much will your services cost?

We get paid if we secure your benefits, and we are paid directly by the Social Security Administration. Social Security sets our fee at 25% of your past due benefits, or \$6,000, whichever is less. We won't charge you for travel costs, copies, phone calls, or other expenses that others may charge. If you receive Long Term Disability, your Insurance Carrier will absorb our fee, costing you nothing.

Will you represent me in front of the judge if there is a hearing?

If your case proceeds to a hearing, an experienced, skilled attorney from our partner law firm, Social Security Law Group will represent you before the judge. The good news is last year, 75% of our clients were approved without the need for a hearing.

We partnered with Social Security Law Group because their knowledge, experience, and their commitment to clients align exactly with ours. Your Social Security Law Group attorney will thoroughly prepare you for your hearing and travel to your hearing at no expense to you. You will learn more about the hearing process if the need arises.

Can I collect my benefits if I am on Long Term Disability?

Yes, as long as you remain disabled. A person who receives either short-term or long-term disability benefits can also receive Social Security benefits. In fact, most Long Term Disability policies require you to pursue Social Security Disability if your medical impairment meets specific criteria.

You should know that receiving long-term disability doesn't mean you automatically qualify for social security disability benefits and vice versa.



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How long does the Social Security Disability Insurance process take?

The claim process can take anywhere from 2 months to 2 years, and sometimes more. If the Judge denies your claim, it can be much longer. The process can be long, complex, and stressful. We take the stress and complexity out of the process, updating you every step of the way. Call us and we will walk you through the process and give you a better understanding of the time frames.

Should I apply if I want to go back to work?

Depending on your timetable and medical condition, there is no harm in getting the application process started. If you apply and it turns out your medical condition improves, we notify Social Security that you have returned to work and withdraw your claim.

If you wait too long, social Security regulations may limit your past due benefits that affects the money you receive and your eligibility for Medicare. If you are thinking of returning to work, we suggest that you contact us so we can discuss your potential claim and your goals of returning to work.

Do benefits start right away?

Your Benefits typically begin after a full five-month waiting period beginning from your date of disability as determined by the Social Security Administration. Eligibility for Medicare benefits begins 24 full months after your eligibility date for monetary benefits. You will continue to receive Social Security Benefits so long as you remain disabled under the regulations.

It is very important to get the process started as soon as possible to avoid losing potential benefits. Call us for more information.



What is SSDI?

Social Security Disability Insurance (SSDI) is a monthly benefit for people who have worked in the past and paid Social Security taxes. SSDI benefits are paid to people who are unable to work for a year or more because of their disability.

What are the qualifications for SSDI?

To qualify for benefits, you must first have worked in jobs covered by Social Security. Then you must have a medical condition that meets Social Security's definition of disability. In general, we pay monthly cash benefits to people who are unable to work for a year or more because of a disability.

What is the Definition of 'disability' according to Social Security?

Disability is when you have a documented mental or physical impairment that is expected to result in death or has lasted or expected to last for at least 12 months.

Is it hard to get Social Security Disability Benefits?

On average the Social Security Administration (SSA) denies about 65 percent of people who file initial disability application without using professional representation such as SSAD. Receiving SSDI benefits can be a difficult and confusing process without the help of a qualified Social Security advocate.

Do I really need a professional disability advocate or representation to receive SSDI?

You are not required to have representation, but Social Security Administration (SSA) denies about 65 percent of people who file initial disability application without using professional representation. SSAD can greatly improve your chances and shorten the time of receiving disability benefits. SSAD has a 97 percent success rate in winning our clients benefits.



Why should I use Social Security Advocates for the Disabled to assist me in getting SSDI?

Social Security Advocates for the Disabled success rate is 97 percent for getting benefits awarded to their clients.

People who use Social Security Advocates for the Disabled will usually get their benefits awarded faster than if done on their own.

We will represent you and assist you from beginning to end and answer any questions that you may have.

Social Security Advocates for the Disabled will do all of the paperwork, gather all medical records and prepare you for any hearings and speak with the SSA for you on your behalf.

You will never have to worry about what is going on. Social Security Advocates for the Disabled will keep you informed during the whole process.

What are SSAD's fees?

The SSA governs the fees of representatives. Our typical fee is 25 percent of the retroactive (back) award, not to exceed \$6,000. We do not charge a fee unless we are successful in obtaining your benefits. And there are no add-on fees for travel, collecting medical records, etc.

How long does it take to get a decision for my benefits?

Unfortunately, it's not a quick process. Generally, it takes about three to five months for the initial decision. Reconsideration (first appeal) will take another three to five months. The second appeal is before an administrative law judge in Social Security's Office of Disability Adjudication and Review. The average time to receive a decision at this level in 2010 was 426 days.



How much will I receive?

It's a complicated formula largely determined by the amount of your past earnings that have been subjected to FICA taxes. http://www.socialsecurity.gov/planners/benefitcalculators.htm

Do I get additional benefits for my children or dependents?

Children up to age 18 or who have not graduated from high school are entitled to benefits if a parent is deceased, retired or disabled. Generally, dependent children of a disabled parent will receive about 50 percent of the disabled parent's monthly benefit. The 50 percent is divided equally among all eligible dependents.

What does Social Security Disability Insurance (SSDI) benefits provide?

SSDI provides income until your condition improves, offers assistance to help you return to work, and provides ongoing income if your condition does not improve. You are entitled to it based on payroll taxes you have paid and your employer has matched. Also, when you receive SSDI, you qualify for other important programs like Medicare and prescription drug assistance, and protect your future Social Security retirement benefits.

Can Social Security take away my SSDI benefits?

It doesn't happen often, but you can lose your disability benefits if your condition improves to the point that you no longer meet the SSA's definition of "disabled." SSA must show there has been medical improvement related to your ability to work before they can cease your SSDI benefits.



Why is it so hard to get benefits?

The number of initial SSDI applications being filed is at an all-time high, making it more difficult than ever to receive benefits. Contributing factors include:

- In a difficult economy more individuals file for SSDI benefits
- Baby Boomers entering their most disability prone years
- Strapped federal and state budgets
- A high denial rate—65% of all claims are initially denied, creating a backlog of appeals

Can I get unemployment benefits while waiting for SSDI benefits?

The receipt of unemployment benefits does not necessarily preclude you from receiving Social Security Disability Insurance (SSDI) benefits. It is, however, a factor examiners consider when determining whether or not you qualify for SSDI benefits. Some administrative law judges (ALJs) may not award SSDI benefits if someone is receiving or has applied for unemployment. Disability onset dates (the date the disabling condition began or the date your condition required you to seek SSDI / affected your ability to be employed) may have to be amended to the day after someone received his or her last unemployment check.

The issue with unemployment versus SSDI benefits is the difference in why someone receives these benefits. When you receive SSDI, you are unable to do your past work or any other work. Unemployment benefits generally indicate you are ready, willing and able to work, but haven't found employment yet. ALJs typically look at your individual circumstances when determining the significance of your application for unemployment benefits and related efforts to obtain employment when determining if you qualify for SSDI.



How do I become eligible for Medicare?

Most people become eligible for Medicare when they turn 65. If you are under the age of 65, however, you may become entitled to Medicare 24 months after the date that the Social Security Administration (SSA) determines that you first became eligible for SSDI benefits.

How do I enroll in Medicare once I become eligible?

If you are receiving Social Security Disability Insurance benefits, you will automatically be enrolled in Medicare Part A and Medicare Part B in the 25th month of your disability payments. You will be enrolled sooner if you suffer from end-stage renal disease or ALS. If you are automatically enrolled, you will not pay a premium for Part A, but you will pay a monthly premium for Part B.

Prior to your Medicare eligibility date, Medicare will send you an initial enrollment package containing information about the program, an Initial Enrollment Questionnaire, and your Medicare card. If you choose to keep Part A and Part B, all you have to do is sign the card and keep it.

To assess your options relative to the other parts of Medicare that are available to you, you can call a Social Security Advocates for the Disabled specialist at (800) 825-7734.

Will my family be covered once I become eligible for Medicare?

Medicare is not offered as a family or dependent benefit. This means that all people must qualify on an individual basis in order to be eligible for Medicare benefits. For example, a person under age 65 does not automatically receive Medicare because their spouse turns 65 and enrolls in the Medicare program. In addition, when a parent qualifies for Medicare, this does not entitle their dependent children to Medicare coverage.

If you have a family member who needs health insurance and does not individually qualify for Medicare, you should consider contacting your State Health Insurance Assistance Program to discuss your options.



How much does Medicare cost?

Most people with Medicare get Part A (Hospital Insurance) premium–free because they have sufficiently worked and paid taxes into the system. If you are receiving SSDI benefits, then your Part A will be premium–free. If you do not have enough work history, you have to pay a monthly premium for Part A. Everyone has to pay a monthly premium for Part B (Medical Insurance). In 2011, the monthly premium for Part B is \$115.40.

Additionally, people with high incomes have to pay a higher Part B premium. Medicare Supplement, Medicare Advantage, and Medicare Prescription Drug Plans are available for an additional monthly premium.

If you have low income and assets, you may qualify for help with some of your Medicare costs. An SSAD Medicare specialist can help you determine whether you qualify.

Medicare is a federal health insurance program for people age 65 and older, people under age 65 who receive Social Security Disability Insurance (SSDI) benefits, and people of any age who suffer from ALS or end-stage renal disease. Your income does not affect your eligibility for Medicare. Medicaid, on the other hand, is a joint federal and state program that helps with medical costs for some people with low incomes and limited resources. To qualify for Medicaid, you must have low income and limited resources.



I have other health insurance through my former employer or my spouse's former employer. Do I still need to apply for Medicare?

It depends. Medicare rules allow you to delay enrollment in Medicare Part B and Medicare Part D if you are covered by an employer group health plan with 100 or more participants, only if your health coverage is based on your or your spouse's current, active employment.

If your employer plan acts as your primary insurer and has high cost sharing, having Medicare as your secondary insurer may help pay some of your costs. However, if your employer plan includes comprehensive medical and prescription drug coverage with low cost sharing, you may decide it's not worth paying the monthly premium for Medicare Part B and/or Medicare Part D.

If you choose not to enroll in Part B and/or Part D when you become eligible, you may delay enrollment only until you, your spouse, or family member stops working or is no longer covered by the employer group health plan.

If your other health insurance coverage is NOT based on the current, active employment of yourself or a family member, you should contact your employer to determine your obligations under the terms of your insurance plan.

If your other health insurance is COBRA continuation coverage, your coverage will terminate when you become entitled to Medicare.



Will Medicare cover my prescription drug costs?

When you are eligible for Medicare, you have the option to enroll in Medicare Part D, an optional prescription drug insurance program available to everyone who has Medicare, regardless of your income or health status. Part D plans are offered by private insurance companies and require you to pay a monthly premium.

Can I get help paying for my prescription drugs?

The Low-Income Subsidy (LIS) program, also known as "Extra Help," is available to help pay for a portion of Part D costs, including premiums, copayments, and deductibles, for certain people with low incomes and minimal assets. Depending on your income and assets, the Extra Help program may provide a full or partial subsidy. Some people are automatically enrolled in the Extra Help program, while others must apply for the subsidy.

What Is the Medicare Part D Coverage Gap, aka the doughnut hole?

Most Medicare drug plans have a coverage gap, also known as the "doughnut hole." This means that after you and your drug plan have spent a certain amount of money for covered medications, you have to pay all out-of-pocket costs for your drugs (up to a limit). Your yearly deductible, your co-insurance or copayments, and what you pay in the coverage gap all count toward this limit.



What happens to Medicare under health care reform?

The Affordable Care Act makes several changes to Medicare that most likely will improve your benefits and your access to primary care services. Some significant changes include:

Coverage Gap Savings: If you reach the coverage gap in 2010 you will receive a one-time rebate check of \$250 from Medicare. In 2011, you will be able to get a 50% discount on brand-name drugs and a 7% discount on generic drugs in the coverage gap. There will be additional savings in the coverage gap each year until it's completely closed by 2020.

Preventive Care: Beginning in 2011, Medicare will pay for an annual checkup, including a physical examination and a total elimination of cost sharing for appropriate preventive services and screenings.

Is there someone who can help me better understand what coverage I need?

Yes. An SSAD Medicare specialist can help you develop a customized health insurance strategy when you become eligible for Medicare. We can assist you in determining which parts of Medicare you need and in selecting the best, most affordable Medicare plan available to you based on your unique treatment profile and financial circumstances. Additionally, you may contact Medicare at 1–800–MEDICARE or contact your State Health Insurance Counseling and Assistance Program.