

Exhibit A

Private Insurers' Policies and Practices

Private Insurer	Process Used To Require / Request Claimants To Apply For SSDI	Do private insurers reduce the claimant's disability benefits by the assumed amount of SSDI benefits, if the claimant does not satisfy the criteria for waiver?	Do private insurers communicate to SSA concerning a denied or terminated claim, if a SSDI application is pending?
Insurer A	"ENCOURAGED" claimants to apply for SSDI after it as approve the LTD claims.	Yes	No
Insurer B	"REQUESTED" claimants to apply for SSDI if the claimants meet Insurer B's four conditions.	Yes	No
Insurer C	"REQUIRED" claimants to apply for SSDI if the claimants meet Insurer C's claim handling guidelines.	Yes	No
Insurer D	Contracts state an individual "MUST" apply for SSDI.	Yes	No
Insurer E	Claimants are "EXPECTED" to apply for SSDI when Insurer E determines that there is a reasonable basis.	Yes	No
Insurer F	"ASKS" claimants to apply for SSDI if the claims appear to satisfy the SSA's definition of disability.	Yes	No
Insurer G	"SUGGESTS" claimants to apply for SSDI if the claimants are likely to be awarded SSDI.	Yes	No
Insurer H	"REQUIRES" claimants to apply for SSDI if Insurer H believes claimants may be eligible.	Yes	Yes
Insurer I	"ENCOURAGES" claimants to apply for SSDI if disability is expected to extend beyond five months.	Yes	No