

ITEMS TO DETERMINE BEFOREHAND
By the requester (Standard)

SHOULD INTERVIEW BE ANNOUNCED OR UNANNOUNCED?

WHO WILL SCHEDULE ANNOUNCED INTERVIEW – STANDARD OR INTERVIEWER?

WHAT SHOULD INTERVIEWER DO IF CLAIMANT IS NOT HOME FOR UNANNOUNCED INTERVIEW?

IS A STATEMENT NEEDED? SHOULD IT BE TAPE RECORDED OR A SIGNED WRITTEN STATEMENT?

HOW SHOULD INVESTIGATOR VALIDATE CLAIMANT’S IDENTITY?
IS VIEWING DRIVER’S LICENSE SUFFICIENT?

SHOULD A PHOTOGRAPH OF CLAIMANT AND/OR HIS DRIVER’S LICENSE BE OBTAINED FOR ID REASONS?

PERSONAL OBSERVATIONS
To be noted in investigator’s report

OUTSIDE THE HOME

Type of residence (home, apartment, condo, etc).

Describe exterior of residence, condition of structure/yard, color, style, exterior stairs, signs (i.e. commercial signs indicating a business).

Describe access to residence and street traffic. Describe vehicles (makes, models, and license plate numbers), tools, equipment, assistance devices, and signs.

Describe neighborhood and those present immediately outside the home (children, others).

INSIDE THE HOME

Describe furnishings, furniture, occupants at time of interview, how well kept, stairs, equipment, tools, computers, clutter, faxes, phones, assistance devices, pets, kids, etc.

Describe where interview took place and how claimant answered questions - standing, sitting (type of chair, how long claimant maintained posture).

Describe other activity within the home during interview.

PHYSICAL DESCRIPTION OF CLAIMANT

Height, weight, body type, muscle tone, clothing, shoes, skin tone, race, hair and eye color, hair style, tattoos, eyewear, jewelry, piercings, gait, mannerisms, facial hair, make-up, nails (polished, clean, dirty), assistance devices, voice, movements during interview.

View claimant’s ID, note physical description.

Take photograph of claimant if instructed by requestor.

OTHERS PRESENT DURING PART OR ALL OF INTERVIEW

Describe others present during interview and their role.

INTERVIEWEE PARTICIPATION

Describe cooperation level, hesitancy, ability to hear and understand and answer questions, emotions observed, eye contact, memory, tone of voice, speech patterns, expressions, hand/body movements, outlook, motivation, complaints, questions to the investigator.

Describe complaints, issues, or concerns the claimant may have had about Standard Insurance Company.

Describe interruptions in interview and why they occurred.

INTERVIEW GUIDE For the interviewer

OCCUPATION AT TIME OF DISABILITY

Get a full description of the occupation being performed at the time of disability: duties, functions, expectations, length of time in occupation, hours worked, physical and mental demands, supervisor's position/name, relationship with employer, changes in job description over time.

Note special skills, abilities, travel, repetitive tasks, equipment used, where performed, setting.

If claimant supervised ask how many employees claimant oversaw.

Ask claimant if he/she was terminated. If so ask why.

Ask if claimant if he/she left a vacancy and was replaced.

Ask what claimant liked/disliked about occupation at time of disability

REHABILITATION

Have claimant describe all vocational or occupational assistance they've obtained since becoming disabled.

Ask claimant, at various times in various ways, if they are currently working or have worked in any capacity since becoming disabled.

Obtain description of return to work efforts since disability. Ask if they have applied for any jobs since becoming disabled.

Ask if they applied for unemployment insurance.

EDUCATION AND WORK HISTORY

Obtain education, training and work history from claimant, both pre and post disability, with dates. Include high school, colleges, degrees, certifications, licenses, on-the-job training, past employers, past jobs, past duties.

Obtain description of military background.

Ask if claimant has ever owned or operated a business or been self-employed. If yes, get details.

MEDICAL

Obtain disability/medical history from claimant: note dates, doctors and other providers (with full name, address, and phone), frequency of doctor/provider visits, conditions, treatment, treatment frequency, hospital admissions (name and location), surgeries, diagnostic tests, physical therapy, medications, and current and past symptoms.

If claimant has switched doctors, find out why.

Ask to view medications and note prescribing doctors, pharmacies, dates and medication type.

If claimant moves to obtain medication for your inspection, note observations of their movements.

Ask claimant about response to treatment.

Obtain information about upcoming appointment and treatment.

Ask when was last appointment?

ACTIVITIES

Obtain description of typical day/week/two week period; include time spent at tasks.

Ask about social activities, visitation with friends/relatives, attending events (music, sports etc.), travel (how often since being disabled), vacations, volunteer work, community service, clubs, churches, hobbies, interests, care of others (i.e. children, older adults), care of pets, driving, computer use, bill paying, Internet, physical labor, exercise, yard work, house work, vehicle maintenance, home maintenance, cooking, shopping, TV, reading, and errands.

Ask about ownership of recreational vehicles/equipment: RVs, campers, ATVs, bicycles, motorcycles, boats, jet skis, etc.

LIMITATIONS AND RESTRICTIONS/ RETURN TO WORK

Have the claimant explain why he/she thinks he/she is disabled

Have claimant explain the barriers to return to work and itemize specific physical or mental restrictions they have (ie can't sit long enough, can't lift more than 10 pounds).

Ask what work duties they could perform now, which ones they can't.

Ask if they would be able to work part-time.

Ask in what areas they think vocational or occupational assistance would help them return to work.

Obtain what limitations and restrictions the medical providers have given them.

Ask if they agree with the limitations and restrictions described by their doctor(s). If not, find out why?

Ask if they view their condition, permanent, worsening or improving.

OTHER INCOME (OFFSETS)

Current or potential future sources of income: state disability, worker's comp, sick pay, salary continuation, severance, credit disability insurance, social security, other sources, individual disability income insurance.

Inquire about pending litigation related to disabling condition (i.e. bringing suit against driver that caused MVA).

Get detailed information on what ever sources they are receiving or have applied to.

If claimant has applied for or received social security disability, worker's compensation, and/or state disability, ask to view award letters or application receipt and note details in report.

HOUSEHOLD INCOME

Spouse's income

Rental income

Other sources