

# How to Win Disability Benefits for Parkinsonian Syndrome

By Marc Whitehead, Esq.

## Introduction

Nearly one million Americans currently live with [Parkinson's disease \(PD\)](#) or other form of Parkinsonian syndrome. Many with PD are eventually forced to stop working as the disease evolves into stages of disability and loss of independence. Others may experience only a few symptom over many years.

Parkinsonian syndrome is a progressive, degenerative neurological disorder — that is, a disease of the central nervous system: the brain, the spinal cord and the nerves that connect them. It is primarily a movement disorder, but not entirely.

PD is generally caused by a deficiency of dopamine, a neurotransmitter in the brain. The dopamine-deficit interferes with one's movement and coordination. Main motor symptoms include tremor, muscle rigidity, bradykinesia, and impaired posture, gait, mobility and balance.

But PD does not stop there. Non-motor symptoms are quite common which, on their own, severely damage quality of life. These symptoms erupt in a wide range of sensory, autonomic, cognitive-behavioral, and sleep-related disorders. Advanced PD can result in severe dementia.

A diagnosis of PD can be life-changing. It also comes with a huge financial toll on a family. Starting gradually, Parkinson's worsens over time. It is episodic and unpredictable. Symptoms are both obvious and hidden, and many are often underdiagnosed.

**If your Parkinson's disrupts your ability to work**, you may be eligible for vital disability benefits, through federal disability programs under the Social Security Administration (SSA) or from private insurers.

What many claimants are shocked to learn is that most disability claims are initially denied—sometimes in error, sometimes due to insufficient information, sometimes unfairly.

If you've experienced denial, please: *Do not give up.*

The purpose of this paper is to help you understand the laws and red tape governing disability claims based on Parkinsonian syndrome—so you can provide the right information in the right way, make informed decisions, and succeed in getting the benefits you need.

By knowing how claim decisions are made, you will understand what it takes to prove your PD disability claim initially or win on appeal.

Never give up.  
Always follow up!

## What Disability Benefits Are Available for Parkinson's Disease?

### Social Security Disability Benefits (SSDI & SSI)

Under the Social Security Act, the Social Security Administration operates several programs for workers and families who face chronic disabling conditions. The most common are the **Social Security Disability Insurance program (SSDI)** and the **Supplemental Security Income (SSI)** program.

**SSDI** is for disabled workers with sufficient work credits, whereas **SSI** benefits are designed for elderly, blind or disabled individuals with low income and few resources. While this paper deals more with SSDI for working individuals, medical eligibility for disability is evaluated in the same way for both SSA programs.

Winning SSDI is not easy, especially for complex conditions like Parkinson’s. Historically, Social Security disability applicants have faced a low approval rate, which is currently about 30 percent.

## Long-Term Disability (LTD) Insurance

You might also be covered for income loss by **long-term disability insurance**, either by your employer’s group benefits plan or a privately purchased disability insurance policy.

[LTD insurance companies](#)—such as Liberty Mutual, Unum, Sun Life, The Hartford, MetLife, Prudential, Cigna and dozens more—sell disability policies that have various benefits and features. As a working individual with Parkinson’s, you may have bought an LTD policy to either stand alone or supplement a group plan, knowing that one day the likelihood you will need coverage is higher than most.

But claim denials based on Parkinson’s are common, as insurers are financially motivated to deny. Claims end up in litigation, and even worse, thousands of claimants give up on valid claims in frustration.

## How SSDI Benefits Affect Your LTD Benefits for Parkinson’s

Since many living with PD will claim both SSDI and LTD benefits, the two forms of disability often interact. SSDI normally serves as the primary disability benefit and LTD serves as secondary.

The reason is the way LTD benefits are structured. LTD benefits typically pay 60% or so of your former monthly salary minus “offsetable” SSDI benefits. In other words, SSDI pays first, then LTD pays second to get you paid up to your 60% policy maximum.

The procedures and laws followed by SSA vs. insurance companies are different. An award of benefits by the SSA does not mean an insurer will approve your LTD claim. But as far as *proving disability*, the medical and vocational evidence required for an SSDI claim for Parkinson’s disease is the best gauge for how to prepare a strong LTD insurance claim or an appeal that will stand up in court.

**This paper is divided into three primary sections:** the first clarifies difficulties unique to PD disability claims with a checklist to refer to; the second covers SSDI claims; the third explains LTD claims.

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The information in this paper is general and is not intended as legal advice on your case or specific circumstances, nor does it create an attorney-client relationship.

## I. Characteristics of Parkinsonian Syndrome Disability Claims

Proving to a claim examiner that you can no longer work due to Parkinsonian syndrome can be surprisingly difficult. In your disability claim for PD, it is important to understand the unique nature of the disease and what an adjudicator is looking for.

Parkinson's disease can be hard to definitively diagnose, especially in the early stages. There is no single test that can diagnose PD.

This means your neurologist must make a *clinical diagnosis* of Parkinson's based on a very thorough review of your medical history, your symptoms and signs, your past medications, and by conducting neurological and physical examinations.

Your physician will also conduct lab work and imaging tests such as MRI, CT, ultrasound of the brain, and PET scans to *rule out* other disorders that mimic PD symptoms.

*Parkinsonian syndrome* refers to a group of chronic, progressive movement disorders resulting from the loss or decline in the function of *dopamine-producing* brain cells. Dopamine is a neurotransmitter that regulates muscle movement throughout the body. Neurotransmitters like dopamine are chemicals which jump the synaptic gaps between brain cells and are the way the brain communicates with itself.

The cells causing the dopamine deficit reside in an area of the brain called the basal ganglia, in a special group of basal ganglia cells known as the substantia nigra. Normally, dopamine works in delicate balance with other neurotransmitters to coordinate a multitude of nerve and muscle cells involved in movement. Without sufficient dopamine, this balance is broken, resulting in a range of disorders.

About 80–90% of the dopamine has to be depleted before Parkinson's symptoms appear, which is why symptoms can take years to develop.

Perhaps the most notable symptom of PD is resting tremor – trembling and shaking that occurs in your hands, arms, legs, face or tongue. The tremor of PD may begin on one side of your body, but often progresses to both sides as the disease advances. Excitement, stress and fatigue may cause the tremor to worsen.

Muscle rigidity is characterized by stiffness of limbs and it becomes difficult to bend one's extremities. Rigidity can be so severe that doctors can easily detect it on physical examinations.

Bradykinesia, (extreme slowness of movement) and hypokinesia (loss of muscle movement) are further symptoms of PD. In bradykinesia, you experience slowness in initiating a task, whether getting out of a chair or taking a first step in walking. This slowness also may affect automatic movements like blinking, cause you to appear abnormally still, or cause reduced facial expression known as facial masking. Bradykinesia has the power to affect all of your daily activities, such as dressing, bathing, and eating.

Hypokinesia causes muscle rigidity and a partial or complete inability to produce muscle movement.

All of these infirmities work together to cause a stooped, unstable posture and a slow, shuffling gait. Falls are frequent as reflexes decline. Advanced parkinsonism may result in episodes known as *freezing*, where a person is briefly unable to start or change some type of movement—such as when walking or using their hands.

Autonomic nervous system (ANS) dysfunction of Parkinson's brings on considerable non-motor symptoms that coexist with the motor symptoms. Non-motor symptoms range from complications with blood pressure, heart rate, bladder and bowel functions, gastrointestinal disorders, numbness, fatigue, hearing and vision problems, loss of smell, and many forms of pain. Swallowing and speaking difficulties are also common, as are emotional disorders and cognitive decline.

Adding to complications is a protein called *alpha-synuclein*, which in some people can mutate to cause an increased risk or growth of Parkinson's disease. This may result in toxic deposits of what are called Lewy bodies, in the brain region that already has suffered PD-related cell loss. Over time, cognitive, behavioral, physical, and sleep-related symptoms may arise. This is known as Lewy body dementia.

Different parkinsonian conditions can be challenging to separate clinically. The four types of Parkinsonian syndrome are:<sup>1</sup>

- **Primary Parkinsonism:** Most patients diagnosed with Parkinson's disease have what is called primary parkinsonism or idiopathic Parkinson's disease. Idiopathic means that the disease has no known cause. The two forms of primary parkinsonism are *Primary Parkinson's disease* and *Juvenile parkinsonism*.
- **Hereditary Parkinsonism:** These are hereditary neurological disorders which can produce parkinsonism because of damage to basal ganglia structures. A few examples are Huntington's disease, Wilson's disease, hereditary juvenile dystonia-parkinsonism, and Familial amyotrophy-dementia-parkinsonism.
- **Parkinsonism-Plus Syndromes:** These are a group of neurodegenerative disorders that make up about 12% of cases of parkinsonism. These conditions share parkinsonian features, such as bradykinesia, rigidity, tremor, and gait disturbances, plus additional features that distinguish them from idiopathic PD. These disorders do not respond as well to treatment and have a worse prognosis than Parkinson's disease. Examples are Shy-Drager syndrome (SDS), Multiple system atrophy (MSA), Alzheimer's disease, Pick's disease, and Diffuse Lewy body disease.
- **Secondary Parkinsonism:** These are disorders in which parkinsonism is acquired, rather than resulting from a neurological disorder. Some are *drug-induced*, including antipsychotic medications (such as phenothiazines and haloperidol); reserpine (used in anti-hypertension drugs), and metoclopramide (an anti-nausea drug). Other forms are caused by *toxic substances*, such as mercury, lead, and industrial solvents like trichloroethylene. Secondary parkinsonism can also result from brain trauma and brain tumors. Drug-induced types are typically reversible; toxic damage is usually irreversible.

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<sup>1</sup> Morton, David A., *Medical Issues in Social Security Disability*, Vol. I, James Publishing, 2019.

**NOTE:** The [SSA Listing of Impairments](#) specifically refers to *Parkinsonian syndrome*, thus making it clear that claimants are not limited only to classical or primary *Parkinson's disease* for consideration of Social Security Disability benefits.

Being clinically diagnosed with Parkinson's is still not enough for the SSA or insurance company to award disability benefits. Adjudicators will approve or deny your claim based on the extent to which your Parkinson's **causes disability great enough to make work activity no longer possible.**



### Check List – Issues Unique to Parkinson's Disability Claims

**Remember:** the SSA's or insurance company's reviewing doctor is often a general practitioner. This means he or she may know what Parkinson's is generally, but has little knowledge of the different forms of parkinsonism and how the disease truly affects the body.

When reviewing your claim, the adjudicator—whether from the SSA or an insurance company—is likely to:

- Fail to realize that people with parkinsonism should be **restricted from working at unprotected heights** and other dangers of falling due to postural, balance, and gait disturbances.
- **Overlook autonomic nervous system (ANS) symptoms and sensory dysfunction, or minimize them.** This can be a source of error in many Parkinson's disability claims because even when tremors and bradykinesia are absent, ANS symptoms can be disabling. Unfortunately, even neurologists may forget to ask about autonomic symptoms in PD cases. Therefore your claim should carefully document any and all occurrences. Examples:
  - ✓ Your intolerance to temperature change requires environmental restrictions.
  - ✓ Sensory deficits such as reduced sense of touch and finger stiffness significantly limits your fine manipulatory ability.
  - ✓ Anti-parkinsonian medications have caused or made symptoms of ANS dysfunction worse.
  - ✓ Orthostatic hypotension (your blood pressure plummets when you stand up or change postures) has become unmanageable.
- **Not understand how stiffness and rigidity can limit the amount of time you can push and pull.** Using arm or leg controls (levers, foot pedals) or material handling has become too difficult or painful and greatly limits the range of work you can do. Any specific information you can provide regarding functional abilities about your daily activities will be valuable here.

- **Not comprehend the overall severity of a combination of impairments** that should result in a finding of equivalent severity to the SSA Listing.
- **Not realize the disabling effect of severe bowel or bladder incontinence** associated with PD.
- **Underestimate claims of fatigue or exhaustion.**
- **Fail to recognize how any symptoms you describe about walking, such as freezing and easy fatigability, are also arguments against your ability to stand for long periods.** An adjudicator should not use your ability to walk around your home or in the doctor's office as evidence that you can do light work or perform at a higher functional capacity (and thus deny your claim) unless the medical evidence as a whole supports the ability for extended standing or walking.
- **Fail to consider whether you have any cognitive impairment.** Be sure to state any mental and cognitive symptoms you have. Advanced Parkinson's disease can result in severe dementia as well as impair the motor areas of the brain. In SSDI claims for Parkinsonian syndrome when dementia is present, the cases should be adjudicated under SSA Listing of Impairments 12.02, *Neurocognitive disorders*.
- **Not take into account SSA's Compassionate Allowances (CAL) program.** CAL lists forms of parkinsonism for which claim processing is expedited, including: ALS/Parkinsonism Dementia Complex, Lewy Body Dementia (LBD), Multiple system atrophy (MSA), Corticobasal Degeneration (CBD), and Progressive supranuclear palsy (PSP). These disorders meet SSA's medical standards for disability benefits *by definition*. If you or your loved one is eligible, fully document the applicable diagnosis in your claim and inform the adjudicator.
- **Fail to consider that disorders producing hereditary parkinsonism, parkinsonism-plus, and secondary parkinsonism are likely to involve additional impairments and limitations** that add

Be vigilant to provide explanations and evidence about these and other issues *unique to your Parkinson's claim* to ensure adjudicators properly value these facts during the decision process.

**TIP:** Give specific examples supporting your claim, such as:

*"I was an electrician, but now my balance is unstable, walking is difficult, and my hand shakes too much to install wiring or manipulate hand tools. I'm also having a hard time following technical diagrams."*

to the overall severity of disability. Additional impairments could themselves qualify under a different SSA Listing or result in equivalent severity by their combination.

## II. Filing for Social Security Disability Benefits for Parkinsonian Syndrome

### Getting Started: The Initial SSDI/SSI Application

SSDI/SSI claims are initiated by

- filing a claim in person at the local district and branch Social Security office
- calling (800) 772-1213
- filing online at SSA.gov

You will be asked a series of questions regarding your past work, medical conditions, education, and you will need to list your doctors and prescriptions. However, [filing for SSDI benefits](#) is far more than filling out forms. With a 70% rejection rate, it is clear that most applicants do not suspect the **depth of evidence needed to actually win benefits**.

The bulk of this SSDI section illustrates the extent of information Social Security adjudicators need before they will make a decision to award benefits on the basis of Parkinsonian syndrome, whether in the course of an initial filing or during the appeals process.

**If SSA denies benefits, you can appeal that decision.** The appeals process gives you the chance to perfect your claim and ask SSA to reconsider. Your chances of approval significantly improve during appeal. There are four levels of appeal: Reconsideration, ALJ Hearing, Appeals Council Review, and Filing a Lawsuit in Federal Court. We further explain the SSDI appeals process at the end of this section.

### How SSA Defines “Disability”

SSA’s statutory definition of disability has both a **medical** and a **vocational** component:

**Medical:** SSA defines disability as the inability to engage in any Substantial Gainful Activity (SGA) by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. “SGA” means work involving significant physical or mental activities and is typically performed for pay or profit.

**Vocational:** You will be found disabled only if your impairments are so severe that you are not only unable to do your previous work but cannot, considering your age, education, and work experience, engage in any other kind of substantially gainful work.

### Building Your Case for Social Security Disability Benefits










It is your burden to prove you have an impairment that fits SSA’s definition of disability. You must show you are unable to engage in SGA. This can be difficult to prove in complex and progressive disorders such as Parkinson’s, where adjudicators often find the signs and symptoms are not “severe enough.” You must help your case by documenting all symptoms, track worsening symptoms, record and explain issues regarding daily activities, include testimony of family, friends, co-workers, and list prescriptions for any assistive devices as a Parkinson’s patient.

## The Five Step Sequential Evaluation Used to Determine Disability

The SSA applies its above definition of disability by following a **Five Step Sequential Evaluation** in deciding whether you are *disabled* and therefore entitled to SSDI or SSI benefits. You must meet or equal SSA's medical listing for Parkinsonian syndrome or prove that your Parkinson's has limited your functioning so much that you can no longer work.

The Sequential Evaluation is tough and complicated. It consists of a 5-step inquiry, with questions asked in a specific order, until a question is answered affirmatively or negatively in such a way that a decision can be made that you are either disabled or not disabled.

Flow Chart of the Five-Step Sequential Evaluation

|   |
|---|
| <p><b>STEP 1:</b> Is claimant engaged in <b>Substantial Gainful Activity (SGA)</b></p> <p><b>NO:</b> Go to Step 2  <b>YES:</b> Not Disabled </p>  |
| <p><b>STEP 2:</b> Does claimant have a <b>severe impairment</b> expected to last 12 months or to result in death?</p> <p><b>YES:</b> Go to Step 3  <b>NO:</b> Not Disabled </p>   |
| <p><b>STEP 3:</b> Does claimant's impairment <b>meet or equal a medical listing</b> described in the SSA Listing of Impairments?</p> <p><b>Yes: Claimant is disabled per Medical Listing</b> </p> <p><b>No:</b> Go to Step 4 </p>   |
| <p><b>STEP 4:</b> Can the claimant perform any of his or her <b>Past Relevant Work?</b><br/>(Considering the claimant's <b>residual functional capacity</b>, what the claimant can still do even with his or her impairments)</p> <p><b>NO:</b> Go to Step 5  <b>YES:</b> Not Disabled </p>     |
| <p><b>STEP 5:</b> Can claimant do any <b>other work</b> available in the national economy, considering that person's age, educational background, work experience, and within the claimant's residual functional capacity.</p> <p><b>NO: Claimant is disabled according to Vocational Standards</b> </p> <p><b>Any contrary answer will lead to a finding of Not Disabled.</b></p> |



## Step One: You Are Not Working

If you still work and engage in SGA, SSA will find that you are not disabled regardless of your medical condition, age, education, and work experience.

## Step Two: Proving You Have a Severe Impairment

You must have a severe impairment. A Parkinson's-based impairment may be found to be not severe if it is a slight abnormality or a combination of slight abnormalities that impose no more than a minimal effect on your physical or mental abilities to perform basic work activities.

## Step Three: Proving You Meet or Equal SSA's Medical Listing for Parkinsonian Syndrome

To be found disabled at Step Three, you must prove that your impairment meets or equals SSA's medical listing under section [11.00 Neurological Disorders](#), and Parkinsonian syndrome specifically under 11.06.

If you meet or equal a listing, SSA will find you are disabled without considering your age, education, and work experience. In other words, you can skip proving steps Four and Five of the sequential evaluation because a listed impairment is considered presumptively disabling.

### ***Listing 11.06 – Parkinsonian Syndrome, Characterized by A or B:***

There are two separate listing criteria for Parkinson's; you need to meet only one, A *or* B, despite adherence to prescribed treatment for at least three consecutive months, as follows:<sup>2</sup>

- A. **11.06A – Extreme limits:** Disorganization of motor function in two extremities (meaning both lower extremities, or both upper extremities, or one upper extremity and one lower extremity,) resulting in an extreme limitation in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities (including fingers, wrists, hands, arms, and shoulders); **or**
- B. **11.06B – Marked Limitations:** Marked limitation in **physical functioning** (“persistent or intermittent symptoms that affect your abilities to independently initiate, sustain and complete work-related activities...” that include standing, balancing, walking, or using two extremities, **and** in one of the following **cognitive functions**:
  - 1. Understanding, remembering, or applying information; **or**
  - 2. Interacting with others; **or**
  - 3. Concentrating, persisting, or maintaining pace; **or**
  - 4. Adapting or managing oneself.

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<sup>2</sup> Social Security Administration (SSA). *Disability Evaluation Under Social Security, Listing of Impairments, Adult Listings (Part A)* 11.00 Neurological Disorders. <https://www.ssa.gov/disability/professionals/bluebook/11.00-Neurological-Adult.htm> (accessed August 13, 2019).

### ***How Parkinsonian Syndrome Is Evaluated under Listing 11.06***

The SSA listing states the following:<sup>3</sup>

“Parkinsonian syndrome is a term that describes a group of chronic, progressive movement disorders resulting from loss or decline in the function of dopamine-producing brain cells. Dopamine is a neurotransmitter that regulates muscle movement throughout the body.”

SSA evaluates disability related to Parkinsonian syndrome by looking at:

“...your adherence to prescribed treatment. SSA requires that limitations from Parkinsonian syndrome disorders exist despite adherence to prescribed treatment. *Despite adherence to prescribed treatment* means that you have taken medication(s) or followed other treatment procedures for your neurological disorder(s) as prescribed by a physician for three consecutive months, but your impairment continues to meet the other listing requirements despite this treatment. You may receive your treatment at a health care facility that you visit regularly, even if you do not see the same physician on each visit.”

### ***Relevant Tests Regarding Parkinsonian Syndrome***

Some of the medical tests the SSA wants to see in determining disability as a result of Parkinsonian syndrome include:<sup>4</sup>

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<sup>3</sup> SSA. *Listing of Impairments*, 11.00 Neurological Disorders.

<sup>4</sup> Morton, *Medical Issues in Social Security Disability*.

- Posturography
- Anorectal Manometry (ARM)
- Deep Tendon Reflexes (DTRs)
- Epidermal Growth Factor (EGF)
- Oppenheim Test
- Positron Emission Tomography (PET) of Brain
- Valsalva Maneuver
- Visual Evoked Responses (VER)

***Questions from the Adjudicator to Your Doctors***

Listed below are the types of questions the SSA adjudicator will ask your doctors. It may be helpful to give these to your doctor ahead of time:<sup>5</sup>

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<sup>5</sup> Morton, *Medical Issues in Social Security Disability*.

- Has the patient been diagnosed with Parkinsonian syndrome?  Yes  No
- Date of diagnosis?
- Date of last examination?
- What is the type of Parkinsonian syndrome diagnosed?
  - A. Primary (Idiopathic) Parkinsonism
    - Primary, adult
    - Primary, juvenile
  - B. Known cause 
    - Please specify:
- Clinical abnormalities at last examination (despite any treatment given).
  - Resting tremor(s)  Yes  No  Unknown  
If Yes, please describe location and severity.
  - Muscle rigidity  Yes  No  Unknown  
If Yes, please describe location and severity.
  - Bradykinesia  Hypokinesia   
 Yes  No  Unknown  
If Yes, please describe location and severity.
  - Autonomic nervous system dysfunction  Yes  No  Unknown  
If Yes, please describe location and severity.
  - Postural instability  Yes  No  Unknown  
If Yes, please describe location and severity.
  - Other abnormalities  Yes  No  Unknown
- Was brain imaging done?  Yes  No  Unknown  
 CT  MRI  PET  
 Normal  Abnormal  
If abnormal, please describe the nature of the abnormality or attach report.
- Was neurosurgery performed?  Yes  No  Unknown  
If Yes, what was the nature of the surgery?

***Residual Functional Capacity – Your Path to Winning Your Case if You Don’t Meet SSA’s Medical Listing for Parkinsonian Syndrome***

When symptoms of Parkinson’s disease and other forms of parkinsonism are not severe enough to meet or equal SSA’s listing at Step 3 of the Sequential Evaluation, SSA will look at your **Residual Functional Capacity (RFC)** to assess if you are disabled at Steps 4 and 5.

Residual Functional Capacity is what you can still do despite your physical or mental impairments. It is the maximum remaining ability you have to do sustained work activities in an ordinary work setting on a regular and continuing basis. A regular and continuing basis means work done for eight hours a day, for five days a week, or an equivalent schedule.

RFC is expressed in terms of **five exertional** classifications of work: *sedentary, light, medium, heavy, and very heavy* work.

The five exertional RFC levels are further defined in terms of the degree that the **seven primary strength** demands of jobs are required:

- three work positions (sitting, standing, and walking) and
- four worker movements of objects (lifting, carrying, pushing and pulling.)

### ***Common RFC Issues with Parkinsonian Syndrome***

SSA will assess your ability to perform a battery of tests in regards to symptoms of Parkinsonian syndrome including: tremor, rigidity, bradykinesia (slowed movement), hypokinesia (decreased movement), ANS dysfunction (requiring environmental restrictions), postural instability and abnormal gait, cognitive decline such as memory loss, emotional disturbance such as depression and anxiety, akathisia (the involuntary urge to move), and sleep disturbance caused by muscle cramps and dystonia (abnormal body positioning). RFC tests will assess your ability in the following work capacities:

- Exertional Limitations (lifting, carrying, pushing, pulling, sitting standing walking)
- Postural Limitations (climbing, balancing, stopping, crouching, crawling)
- Manipulative Limitations (reaching, handling, fingering, feeling)
- Visual Limitations (near and far acuity, depth perception, field of vision)

**NOTE:** If you have a significant manipulatory loss *in addition to* inability to stand/walk 6–8 hours a day, you should not be at this RFC step in adjudication, but should be allowed by meeting the listing.

- Communicative Limitations (hearing, speaking)
- Mental Faculties (concentration, understanding and remembering instructions, coping in work situations and interacting with supervisors or coworkers)
- Environmental Limitations (extreme temperatures, humidity, lighting, heights)

Special attention should be paid to the presence of tremors or bradykinesia, since not only fine manipulation but task speed can be influenced.

### **Step Four: Proving You Can't Do Your Past Relevant Work**

In light of your RFC, at Step Four of the process your impairments must prevent you from doing *past relevant work*. The SSA will normally only address work that meets the following criteria:

- you performed the work in the prior 15 years;
- the work lasted long enough for you to learn to do it; and
- the work was substantial gainful activity

## **Step Five: Proving You Can't Do "Any Other Work"**

Your Parkinsonian syndrome and related impairments must prevent you from doing *any other work*. If you cannot do any work you have done in the past because you have a severe impairment, SSA considers your residual functional capacity, age, education, past work experience, and transferrable skills in the case of semi-skilled or skilled occupations, to see if you can do other work. If you cannot, SSA will find you disabled.

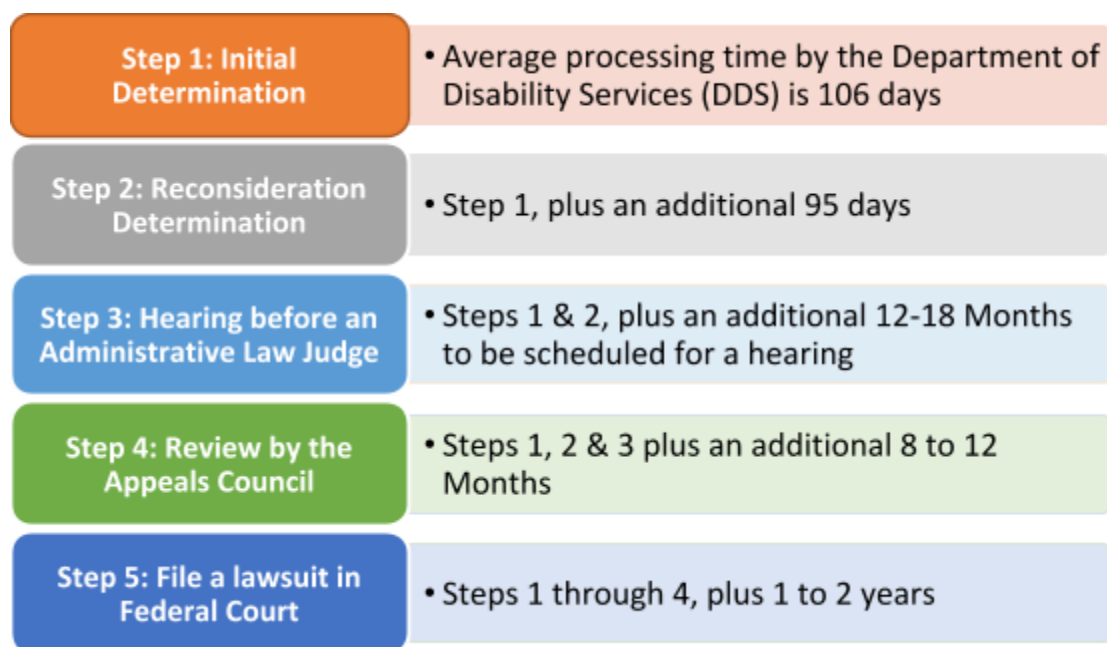
While you bear the burden of proof at Steps 1–4 of the sequential evaluation process, at the fifth step, the burden shifts to the SSA Commissioner to show that you can perform other work.

## **SSA Denied Your Claim: How to Appeal**

With only a 30% approval rate of initial claims, do not be surprised if the SSA denies yours. Now it is time to appeal the denial, and the clock is ticking. You must file the appeal within 60 days of the date on the denial letter. Chances of winning disability benefits for Parkinson's disease significantly improve under the Social Security appeals process.

If your claim is denied at any level, you must appeal to the next level or your claim is dismissed and you must start over. As shown in the following chart, there are four steps, or levels, of administrative appeals for Social Security disability claims. In Step 5, if all administrative appeals are exhausted, you may file a lawsuit in federal court to review your case and determine if you received a fair hearing.

## **Steps in the SSA Appeals Process**



**\*The processing times are approximate and may vary.**

## What Is an ALJ Hearing?

The most important level of appeal before the Social Security Administration is the ALJ Hearing (Step 3 in the SSA Appeals Process). The hearing is conducted by an Administrative Law Judge (ALJ) whose job is to issue an independent decision, which is not influenced by the fact that your case was denied at the time of your initial application and on reconsideration.

More than half of ALJ decisions nationwide are in the claimant's favor. **These are the best odds of winning at any step in the entire Social Security appeals system.**

**Areas of testimony at the ALJ Hearing include:** your work history, education, medical history, symptoms, your work limitations, and how your condition affects daily activities.

## Do You Need Legal Support to Win an SSDI Appeal?

Statistically, SSDI claimants who retain a Social Security Disability attorney to represent their appeals are much more likely to win than claimants who are not represented. Experienced lawyers will also have the resources that can help a borderline claim based on Parkinsonian syndrome be successful. Please see Section IV. *Hire a Disability Attorney or Go It Alone?* for more about attorney representation.

### III. Filing for Long-Term Disability Insurance Benefits for Parkinsonian syndrome

Like many living with this progressive disease, you may have worked for years with your condition and now need to claim your benefits under your LTD insurance policy. Your insurer may not understand your Parkinson's disease and how it impedes your ability to work. You will need to show the insurance company how your PD has worsened over time, and prove that you cannot work any longer.

#### Types of Disability Insurance Coverage: Short-Term & Long-Term

Disability insurance is often offered and paid for, at least in part, by employers as a group benefit to employees. Individual coverage is a policy you would purchase directly from an insurance agent.

##### *Short-Term Disability (STD)*

[Short-term disability insurance](#) helps replace lost wages when a disability such as Parkinson's keeps you from working for a limited span of time. Generally, STD benefits are:

- paid anywhere from one week to six months
- paid for by your employer
- usually 100 percent of your salary.

STD benefit claims are often the first step in the long-term disability insurance claims process.

##### *Long-Term Disability (LTD)*

[Long term disability insurance](#) provides financial coverage in the event your Parkinson's disease symptoms and related loss of function prevent you from working for quite a long time, even permanently. Most LTD policies have an "elimination" or waiting period. This means you must first apply for and receive all the STD benefits available, or satisfy a waiting period by being disabled for up to six months before you can even apply for LTD benefits.

LTD benefits are generally paid for 24 months if you cannot perform your **own occupation**. After this 24-month "own occupation" period, most policies require you to prove that you cannot perform **any occupation** to continue to receive benefits, potentially until age 65 or as defined in the policy.

#### How Are Long-Term Disability Benefits Paid?

##### *Salary Percentage*

Most policies pay 60 percent of your salary. If you work on a commission or other non-salaried basis, the insurance company will use a calculation described in the policy to arrive at a benefit amount.

##### *Total Disability vs. Partial or Residual Disability*

Your LTD policy should provide definitions of Total and Partial disability and the requirements of both. Generally, you are considered totally disabled if you cannot work at all. Your policy may also allow you



to work part-time or work at a lighter duty job because you are unable to work full-time due to the effects of Parkinson's.

Partial benefits are payable if your Parkinson's causes your income to fall, usually 20 percent below your regular income. If you think you may be able to work part time and plan on filing for partial disability, you need to look at the mathematical formulas and limits very carefully.

### ***The Social Security Offset***

**Example:** If you receive an LTD check for \$2,000 a month and then begin to receive an SSD check for \$1,000, the insurance carrier will reduce the LTD check amount to \$1,000. You still receive a total of \$2,000 a month, but \$1,000 from SSD and \$1,000 from LTD.

Most policies have a [Social Security offset](#). This means if you receive a monthly Social Security Disability (SSD) benefit, the amount of the SSD check is “subtracted” from the monthly LTD check.

### ***Other Possible Offsets***

[Other offsets](#) may include worker's compensation benefits, certain retirement benefits, settlements from lawsuits, and state disability benefits. If the total of the offsets is higher than the monthly LTD benefit amount, most policies have a minimum payment of at least \$100 per month or in some cases, 10 percent of the monthly LTD benefit.

## **Limitations and Exclusions: Does Your Policy Cover Your Condition?**

### ***Parkinson's Claims and Self-Reported or Subjective Symptoms Limitation***

Insurance companies often find ways to avoid paying disability claims based on Parkinsonian syndrome. One way is to word policies in a way that permit them to limit or deny coverage under a *subjective conditions* limitation clause.

The insurer will continually ask for “objective evidence” meaning diagnostic tests like MRIs, X-rays or CSF analysis to prove the condition or symptoms exist. Clearly, there are parkinsonian symptoms—like pain, trembling, impaired movement, numbness, dizziness and speech disorders—which do not show up on any “objective” tests, but rather are self-reported or diagnosed by the doctor based on examination and medical history.

Many non-exertional limitations are also largely self-reported and subjective, and therefore ignored for the most part by the insurance company. Common examples in Parkinson's disease claims include medication side effects, cognitive limitations, memory loss, mood swings, depression, and fatigue. While these may be severely disabling, insurance companies will try to dispute their conclusive bearing on your ability to work.

### ***Mental Health Limitation***

Most policies have a 24 month mental health limitation. Suppose you develop depression secondary to chronic pain due to PD. Insurance companies often use this to try to classify your impairment as mental so that benefits will be paid for only 24 months. Insurers also try to limit benefits to 24 months for

impaired memory or other cognitive problems caused by Parkinson's disease, especially when the disease is in the early stages and less medically identifiable.

### ***Pre-existing Condition Exclusion***

Most policies have pre-existing condition exclusions – guidelines that keep you from getting benefits if certain conditions occurred in the past. This is a favorite strategy of insurance carriers who seek to deny claims based on Parkinson's disease. These exclusions usually kick in when you have been eligible for benefits for less than a year, but sometimes the stated period is two years.

There is also a "look back" period, usually the three months prior. If you apply for LTD benefits less than a year after you sign up for the benefit, the insurance company will look at your medical and pharmacy records for the entire year plus the look back period.

Parkinson's doesn't move in a straight line. Its progression and symptoms can be sporadic and unpredictable. These are further causes of denial under the pre-existing condition exclusion. Insurers will argue that you have worked with these conditions for several years without problems, and nothing has changed.

### **Do You Have an Individual or a Group Disability Policy?**

- Coverage purchased on your own behalf is referred to as **privately purchased disability insurance**, or **individual disability insurance (IDI)**.
- If your disability policy is sponsored by or offered through your workplace as part of an employer's group insurance plan, you likely have a **group disability insurance policy**.

Why is this difference important? There are major disparities in how they work—especially if you need to appeal a claim you believe has been wrongfully denied.

- **Individual policies are regulated under state insurance laws** regarding bad faith and contract law. These laws are designed to protect the insured from unfair practices by insurers.
- **If you have a group policy through your employer**, a whole different set of laws apply. These are complex federal laws under the Employee Retirement Income Security Act and known by the acronym "**ERISA**." To challenge a disability denial under an ERISA governed plan or policy, you must bring the claim according to ERISA regulations and procedures.

Unfortunately, ERISA law gives insurance companies many outlets to delay or deny a valid disability insurance claim based on Parkinson's disease. Insurers face no real penalties for denying ERISA claims. With nothing to lose, they often use this to their advantage to unfairly avoid paying out disability benefits. Possible exceptions to ERISA include government employees, church plans, self-employed individuals, some partnerships and pass-through plans.

### **Protections ERISA Plans Don't Have**

The following chart illustrates exactly what protections you have in an individual claim dispute under state law, and what protections you lose when you have a group disability plan covered by ERISA laws.

## Difference Between Group (ERISA) & Individual (non-ERISA) Disability Claims

| Group Disability Insurance (ERISA)   | Individual Disability Insurance (Non-ERISA)   |
|--|---|
| <b>Employer-sponsored group benefit plan</b>   | <b>Privately-purchased policy covering only you</b>   |
| <p>Claims are governed by strict federal ERISA law that favors the insurer, not the claimant. If your claim is wrongly denied:</p> <ul style="list-style-type: none"> <li>● <b>You can only sue for what the insurance carrier should have paid you in the first place.</b></li> <li>● <b>You must appeal to the same company</b> that denied your claim.</li> <li>● <b>Attorney fee reimbursement is rare.</b></li> <li>● <b>No Right to Jury Trial:</b> Juries are the great equalizer in the civil justice system. In an ERISA case, the insurer does not worry about a jury holding them accountable.</li> <li>● <b>No new evidence is allowed</b> once the internal administrative appeals are exhausted.</li> <li>● <b>No Treating Physician Rule:</b> Insurer can ignore your own doctor’s opinions and rely on their own doctor’s opinions as they see fit.</li> <li>● <b>Little Government Regulation</b> as to how the insurance policy must be written; insurers are free to write the policy as they wish.</li> <li>● <b>You Must Prove the Insurer “Abused Its Discretion”:</b> In most <i>ERISA</i> claims, you must prove the insurance carrier “abused its discretion” when it denied your claim—a tough standard requiring you to show the insurance company had “No Reasonable Basis” for denying your claim.</li> </ul> | <p>Claims are governed by state insurance &amp; contract laws designed to protect insureds. If your claim is denied:</p> <ul style="list-style-type: none"> <li>● <b>You are entitled to all relevant procedural rights and remedies available to you in your state:</b> <ul style="list-style-type: none"> <li>✓ Deceptive trade acts or unfair practices</li> <li>✓ Bad faith</li> <li>✓ Punitive damages</li> <li>✓ Emotional distress</li> <li>✓ Consequential (or special) damages</li> <li>✓ Loss of credit claims</li> <li>✓ Prejudgment interest for breach of contract</li> <li>✓ Tortious interference with contract</li> <li>✓ Statutory insurance violation claims</li> <li>✓ Mandatory attorney fee reimbursement</li> </ul> </li> <li>● <b>You have the right to a jury trial.</b></li> <li>● <b>You have the right to present evidence and cross-examine</b> any witnesses testifying for the insurance company.</li> <li>● <b>“More likely than not” standard:</b> A civil trial generally observes a more favorable standard of review known as the “more likely than not” rule, a.k.a. “preponderance of the evidence.”</li> <li>● <b>Often no offset of other benefits:</b> Most higher-end individual policies will not allow for benefit offsets.</li> </ul> |

## Getting Started: Applying for LTD Benefits Based on Parkinson's Disease

- Group policy claim forms are available at your employer's Human Resources department. Private policy claim forms are available to you directly from the insurance provider.
- Request and read through a copy of your disability policy or plan as soon as possible.
- Take the provided Attending Physicians Statement form to your doctor who will indicate that you are disabled.
- Send completed forms to the insurance carrier along with a list of all your treating doctors and health care providers.
- Once the insurance carrier receives all the medical records, it will begin investigating the claim.

As with SSDI claims, filing for LTD benefits for PD is far more than filling out application forms.

### The Definition of Disability

There is no one legal definition of disability. Every insurance company has its own definition and none are the same as the Social Security Administration's definition. The definition of disability is explained in your policy. *Remember:* the insurance company defines disability, interprets the terms in its definition and decides whether you are disabled or not. Because they decide whether you will receive benefits, this often creates an inherent financial conflict of interest.

#### ***"Own Occupation" Definition – Usually Limited to the First 24 Months***

For the first 24 months or as defined in the policy, you only have to be unable to perform your "own occupation." Usually the definition is akin to, "due to sickness or injury the insured is unable to perform the material and substantial duties of his or her own occupation."

**Example:** Physical therapy is defined by the Department of Labor as a "medium work" occupation. Medium work requires lifting up to 50 pounds and standing or walking about six hours in an 8-hour workday. If you are a physical therapist with Parkinson's you may find you are no longer able to lift objects over 5 or 10 pounds, and you can only walk or stand for about 1–2 hours during an 8-hour span. In this case, you would not be able to perform your own occupation.

#### ***"Any Occupation" Definition***

After your short term disability period ends, ongoing or progressing Parkinson's symptoms may rule out returning to work. If LTD is a separate policy, now it's time to file for long-term benefits. After 24 months, you must prove that you cannot perform "any occupation." This is a pivotal shift in the definition of disability that many insurers use as an opportunity to deny or terminate valid claims based on Parkinson's. Usually the definition of disability resembles "The insured is unable to engage in any occupation that he or she can perform based on education, background, and skills." Insurers will find you are no longer disabled because you can do some form of sedentary or less strenuous occupation.

## Tips to Help You Win Disability Insurance Benefits for Parkinson's Disease on Your Initial LTD Application

### 1. Read your policy; learn how your coverage works.

How do your STD and LTD benefits work together? What pre-existing conditions or other impairments are excluded (avoid basing your claim on them!) What income offsets will impact the dollar amount of your disability payments? In some cases, STD and LTD benefits will have separate policies, make sure you get a copy of each policy. Observe all filing and appeal deadlines to the letter.

### 2. Fill out forms carefully.

Watch out for misleading questions. Expect insurers to ask you to provide the same information over and over, and be consistent in your statements. Never use absolutes to describe your Parkinsonian-related limitations. Statements like "I can never lift 10 lbs." or "I always require a cane to walk" can easily be contradicted. Once you are contradicted, you will no longer be believed. Instead use words like "frequently, occasionally or seldom." The Attending Physicians Statement must be completed with specific detail or it will almost always result in claim denial. List all medical providers, their current contact information, and prescriptions and side effects of each medication.

### 3. Make a working copy of your application.

The application you submit should be neat, clean and present a well-reasoned theory of disability. It may be necessary to do several versions before it's perfect.

### 4. Get ready to file for Social Security Disability.

Most insurers require you to apply for Social Security Disability benefits within a year of your disability. The insurer gets to offset (subtract) any SSDI benefits from what they owe you.

### 5. Watch out for Social Security "firms" recommended by your LTD Insurer:

Their purpose is to collect your back due SSDI benefits to reimburse your insurance company. *This is an obvious conflict of interest.* Don't be fooled. Get your own lawyer that answers to no one but you.

### 6. Prepare your doctors to support your claim.

Alert them to look for forms or calls from the insurer, and ask them to respond promptly to meet deadlines. Provide updated contact information for your doctors, so the insurance company can't say they couldn't contact them.

### 7. Write down your job description and compare it to your employers' version of your job description.

Your employer's version may not match what you really do. During the initial *own occupation* term of your disability claim, it is critical that you have a written job description that describes all physical, mental and travel requirements of your "own" job. Your doctor's explanation of your limitations caused by Parkinson's must clearly show that you can't do that job any longer.

### 8. Be prepared for video surveillance and unannounced home visits.

Insurers put great effort into trying to catch you doing something you've previously said you can't do. Surveillance creates illusions and is up to interpretation—and has cost many Parkinson's claimants their benefits. A disability lawyer can prove in court that any video footage unfairly representing the claimant is unreliable and misleading. If an investigator makes an unscheduled visit to your home, it is your right to refuse and ask them to reschedule at *your* convenience.

## 9. Work with attorneys who know ERISA and state insurance law.

Very few attorneys are familiar with ERISA law. To maximize your chances of a successful disability claim, talk to an experienced disability attorney before filing your application—preferably one who has successfully handled Parkinsonian syndrome cases—and definitely do so before you file an appeal of a denied claim.

## If Your Disability Claim Is Denied: The Administrative Appeal

If the claim is denied, you will receive a [denial letter](#). This letter is important because it will list what evidence the insurance company reviewed when making its decision, and who reviewed the evidence—such as an in-house Nurse Case Manager, a doctor hired as a consultant, or only non-medical reviewers such as a Senior Claims Adjuster.

The denial letter should state the reasons the claim was denied and what medical evidence you need to prove disability. The denial letter also gives important information for an appeal, including where and when the appeal must be received.

## Appeal Process - Group LTD Claims (ERISA)

Under federal law, you cannot bring a claim under judicial review until an internal review is carried out. You appeal to the insurance company. This internal review, or pre-suit *administrative appeals* procedure, begins when you submit your proof of loss. At that point, the Plan (i.e., the insurance company) has a set amount of time to carry out an internal review before the claim is taken to a judicial court.

## The Time Limits for Filing Your Appeal

The denial letter will give the time limits for filing the appeal. If the policy is a group benefit to employees and therefore governed by ERISA, the appeal deadline is 180 days.

- The Plan has **45 days** to make a decision on your claim.
- The Plan may use **two 30 day extensions** based on elements outside of their control, such as a claimant's failure to submit documents necessary to make a decision based on their claim.
- You must appeal a denial within 180 days of that denial.

***Do not skip this step!*** If you do you will lose your right to file a lawsuit.

- The Plan has **45 days** to resolve any appeal with **one 45 day extension**.

## Appeals Process - Individual LTD Claim (Non-ERISA)

**Most non-ERISA policies also give the claimant 180 days to appeal.** You are not required to exhaust the administrative appeals before filing a lawsuit.

What applies to all state law (non-ERISA) claims is that you should give your insurer every opportunity to do the right thing and put it in writing. If the insurer fails to comply with your requests by the statutory deadlines, litigation would proceed to a jury trial in state court.

## The Statute of Limitations for Civil Action

Parkinson's disease claimants need to pay close attention to the timeline for filing a lawsuit. While ERISA sets rigid internal deadlines for the appeals process, ERISA does not recognize a time limit, known as a statute of limitations, to bring a lawsuit for wrongfully denied benefits.

However, your ERISA plan may contain a limitation provision that goes into effect as soon as you file your claim. This would be a **contractual statute of limitation** and is measured from the time you file your claim.

The appeals process can take up a great deal of your limited time to file a lawsuit. If you think that the Plan is dragging out the appeal procedure to stop you from filing a lawsuit within the applicable limitations period, meet with an ERISA attorney as soon as possible.

## Load the Record While You Can!

In Parkinson's disability claims, the medical record itself may not be enough to fully support an administrative appeal. How the medical evidence is presented and expressed, or how an injury or illness has been detailed and explained is what really makes a difference.

During the administrative appeal process, medical records, medical literature and articles, doctor's opinions, letters from friends or employers, photographs and all other types of evidence that document your Parkinsonian syndrome and related impairments can be submitted and made part of the "record."

**Remember:** Once all appeals are "exhausted" the *record is closed*. This means when a lawsuit is filed, new evidence in support of your MS-based disability case cannot be added to the record. That is why it is so important to **fully load the record during the appeals process**. An experienced attorney will understand the importance and ensure that the record is loaded.

## Strengthen Your Claim with Medical and Vocational Evidence

The procedures and laws followed by the SSA vs. insurance companies are quite different. But as for *how to prove you are disabled*, the **medical and vocational criteria** required by the SSA are most comprehensive. If an insurance carrier has denied your application for Parkinson's disability benefits, you must improve and strengthen your claim. It will serve you well to emulate the scope of evidence and the extent of medical and vocational information required during the SSDI process.

Additionally, you want to factually rebut every reason for denial listed by the insurer in the denial letter. This is the path to the strongest LTD appeal.



## IV. Hire a Disability Attorney or Go It Alone?

In an ideal world, you would never need a lawyer to help you fight for the benefits you have paid for and deserve. The problem is the complexity that the disability process has dropped upon all disability claimants, and the enormous strains people coping with Parkinsonian syndrome encounter along the way. To win a claim, players on both sides must carry out vital steps correctly and not everyone is on your side.

The following may help you see the benefits of attorney representation, especially if your initial claim has been denied or terminated.

### Do You Need an Attorney to Help You Win Social Security Disability Benefits for Parkinsonian Syndrome?

Technically, no, but consider this: In talking with several fellow trial lawyers recently, I mentioned that I routinely represent claimants in their disability claims before the Social Security Administration. The united reaction from the group was, “It’s almost impossible to win one of these cases. If you are able to pick up a pencil and fill out the application, you aren’t going to be found disabled. “

A survey by the *Houston Chronicle* partially confirms this view, but also reveals how good lawyering can go a long way towards helping honest taxpayers get the SSDI payments they deserve and have earned through their years of payroll deductions. The *Chronicle* found that—while less than a third of all non-represented claimants prevailed before the SSA—roughly two-thirds of all attorney-represented claimants won.

My own discussions with Administrative Law Judges are also revealing. Without exception, the ALJs I speak with prefer claimants who are represented by experienced Social Security disability lawyers. The reason is simple: it makes the ALJ’s life easier. Experienced attorneys end up doing most of the work that the ALJ would otherwise have to do if they were dealing with a claimant without an attorney.

A Social Security disability attorney can help you throughout the application process from filing the application based on Parkinson’s disease to gathering the documentation needed to support your claim, to appealing a claim denial at all levels of the appeal process including Federal Court.

#### **Tip: Beware of Non-Attorney Representatives.**

You do not have to be an attorney to represent someone before the SSA. But why would you want a [non-attorney representative](#)?

- The fees set by the SSA are the same for both attorneys and non-attorneys!
- Non-attorneys cannot represent you in Federal Court.
- Social Security law is complex. If a non-attorney mishandles your case, they are not held accountable; they are not regulated by state bars nor subject to the same disciplinary measure as lawyers.

Believe it or not, there are non-attorney reps that advertise on national TV. Always ask if they are attorneys before hiring anyone.



## **What about LTD Benefits for Parkinson's from an Insurance Company? Do You Need a Lawyer?**

Insurance carriers are in business for profit. It's to their benefit to collect premiums while denying as many claims as they can. Many insurers will insist the claimant does not have a severe enough form of Parkinson's. Some insurers strong-arm claimants into believing their options are limited. Others even earmark legitimate claims based on Parkinson's disease as targets of denial. Big insurance is a tough opponent.

It is my experience that an attorney who regularly takes on billion-dollar insurance companies in settlements and lawsuits is essential to developing an appeal capable of reversing a denial and winning benefits.

Likewise, lawyers who are not familiar with disability insurance laws, the insurance industry, and the many issues of Parkinsonian syndrome will not always understand what has to be proved.

An experienced lawyer will anticipate unfair denial tactics, deal efficiently with medical and vocational experts, and is in his or her element arguing ERISA regulations and appearing before the federal judicial system. A good law firm is going to [make things easy](#) for you, and the insurance company will know they cannot run over you.

### **How Can I Afford an Attorney?**

**The SSA recognizes a claimant's need for legal help** and therefore has put regulations in place to allow for claimants to be represented by attorneys on a contingency fee basis. This means a claimant pays no money up front, and the attorney gets paid a percentage of the past due benefits only if the claimant wins their case.

The standard contingency fee arrangement set by SSA pays the attorney 25 percent of all past due benefits up to a maximum of \$6,000 if the case is won before appealing to the federal district court. If a case must be appealed to federal district court the \$6,000 maximum cap is lifted and the fee is up to 25 percent of all past due benefits.

**In a long-term disability insurance case,** many attorneys also accept cases on a contingency fee basis. The percentage paid on back due and future benefits varies from firm to firm and will often be a different percentage if won at the administrative appeal level rather than if the claim has to be litigated.

Disability claims are controlled by a complex set of laws and procedures, full of traps for the unwary and tangled with the unique challenges of proving a Parkinson's disease disability case. Although I may be biased, I believe that your chances of winning your claim are tremendously increased by having an attorney specializing in disability insurance represent you.

*To your success,*

Marc Whitehead, Esq.

## About the Author

Marc Whitehead is the founding partner of Marc Whitehead & Associates, which he established in 1992 in Houston, Texas. Born on November 24, 1966, in Memphis, Tennessee, Marc was raised in Normangee, Texas and graduated in 1985 from Normangee High School as class valedictorian.

Marc attended Texas A&M University where he graduated in 1989 with a Bachelors of Business Administration in Finance. Marc attended the University of Houston Law Center and received his law degree (J.D.) in 1992, graduating in the top quarter of his class. He was admitted to the State Bar of Texas in 1992 and is admitted to practice before all U.S. District Courts in Texas, the United States Court of Appeals for Veterans Claims and the United States Court of Appeals-Fifth Circuit.

Marc Whitehead served as President of the Houston Trial Lawyers Association (2009-2010), is a member of the Board of Directors of the Texas Trial Lawyers Association, and a member of the American Association of Justice.

Marc is also a member of the Texas Aggie Bar Association, the Texas Association of Civil Trial and Appellate Specialists and the Houston Volunteer Lawyers Association. Marc Whitehead is a Past Chairman of the Houston Bar Association Social Security Section and is a frequent lecturer on the topic of Social Security and Disability Law.

Any questions about your Parkinson's disease disability? Feel free to give our office a call at 713-228-8888 or email Marc at [Marc@marcwhitehead.com](mailto:Marc@marcwhitehead.com). Please visit our website at [DisabilityDenials.com](http://DisabilityDenials.com).

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Endnotes