

BOTH SECTIONS MUST BE COMPLETED BEFORE SENDING CLAIM TO TEAMCARE

SUBMIT ONLINE AT: MYTEAMCARE.ORG

FAX: (847) 518-9757

MAIL: TEAMCARE P.O. BOX 5107 DES PLAINES, IL 60017-5107

SECTION ONE YOUR INFORMATION	IDENTIFICATION NUMBER								YOUR NAME				YOUR DATE OF BIRTH	
	8	0	6											
	YOUR COMPLETE ADDRESS										YOUR EMPLOYER			
	YOUR EMAIL ADDRESS										MOBILE NUMBER			
	IS YOUR DISABILITY RELATED TO CORONAVIRUS ?					YES	NO	IF NO, VISIT MYTEAMCARE.ORG AND DOWNLOAD THE FULL SHORT-TERM DISABILITY FORM						
	ARE YOU CURRENTLY OFF OF WORK?					YES	NO	LAST DAY WORKED:						
	HAVE YOU BEEN TREATED OR TESTED FOR CORONVIRUS? (IF TESTED OR TREATED, PHYSICIAN MUST COMPLETE SECTION TWO BELOW)					YES	NO	DATE OF TREATMENT/TESTING:						
	■ IF NO, ARE YOU IN SELF-QUARANTINE? PROVIDE NAME OF MEDICAL PROFESSIONAL OR HEALTH AGENCY WHO PRESCRIBED SELF-QUARANTINE. ALSO PROVIDE BACKGROUND OF BEING EXPOSED. PHYSICIAN MUST COMPLETE SECTION TWO BELOW					YES	NO							
	DO YOU HAVE AN ESTIMATED RETURN TO WORK DATE?					YES	NO	RETURN TO WORK DATE:						
	ARE YOU BEING COMPENSATED OR RECEIVED PAID LEAVE BY YOUR EMPLOYER WHILE OFF DUE TO THIS ILLNESS?					YES	NO	EXPLAIN EMPLOYER COMPENSATION / LEAVE / PTO WHILE OFF:						
YOUR SIGNATURE						DATE:								
BY SIGNING, I AUTHORIZE MY DOCTOR OR HOSPITAL, TO FURNISH TEAMCARE ANY NECESSARY INFORMATION TO PROCESS THE CLAIM.														

SECTION TWO STATE AGENCY OR PHYSICIAN	DATE ILLNESS BEGAN:				WAS PATIENT TESTED:				
	DATES OF TREATMENT FOR THIS ILLNESS:								
	IS/WAS THE PATIENT HOSPITALIZED?				YES	NO	DATE:		
	WHAT IS THE TREATMENT PLAN ?								
	ACTUAL OR ESTIMATED RETURN TO WORK DATE:				ACTUAL:		ESTIMATED:		
	PHYSICIAN SIGNATURE (PRINT NAME BELOW SIGNATURE)				DATE:				PHONE NUMBER

UPS MEMBERS: In addition to returning this form to TeamCare, members must also call Aetna (866-825-0186) to initiate your leave.

UPS MEMBERS IN NY & NJ: UPS members in NY and NJ should not submit this claim but initiate their leave with Aetna and the state.

ALL RHODE ISLAND and CALIFORNIA MEMBERS: Members should initiate their disability benefits through their state programs.