

ATTN UPS EMPLOYEES: In addition to completing and returning this form to TeamCare, UPS employees **must** also call Aetna at 866-825-0186 to initiate your leave with UPS.

SHORT-TERM DISABILITY CLAIM FORM - INITIAL REPORT OF DISABILITY

FORM MUST BE COMPLETED IN FULL BEFORE PAYMENT IS CONSIDERED

Remit To: TeamCare, PO Box 5107 Des Plaines IL 60017-5107 or Fax Form To: 847-518-9757

SECTION 1 – PARTICIPANT’S INFORMATION PLEASE PRINT

Participant's Identification Number:								Participant's Full Name:								Date of Birth:			
8	0	6																	
Participant's Complete Address:												Employer:							
If accident related, please answer the following questions:				Date of Accident: _____				Where did the accident occur? check one <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Auto <input type="checkbox"/> Other											
				How did the accident occur? _____															
Is your disability in any way work related? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
If yes, please explain: _____																			
If you have been denied by Workers' Compensation, attach a copy of the denial and a notarized statement of whether or not you intend to appeal																			
Authorization: I hereby authorize any doctor, hospital, or insurance company to furnish and disclose all known facts.																			
Signature of Participant _____						Participant's Phone Number _____						Date _____							

SECTION 2 – PHYSICIAN’S STATEMENT PLEASE PRINT

Patient's Name:				Date Disability Began:				Diagnosis							
DO NOT SUBMIT FORM BEFORE THIS DATE															
All dates of treatment for this disability:								Surgery date and procedure performed:							
Was patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____				What is the treatment plan? For a pregnancy, please give the estimated delivery date: _____								Is condition due to patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Briefly explain: _____			
ACTUAL OR ESTIMATED RETURN TO WORK DATE REQUIRED															
Actual return to work date: _____						OR		Estimated return to work date: _____							
Physician's Signature: _____				Print Physician's Name: _____				Physician's Phone Number: _____							
												Date Form Completed: _____			

SECTION 3 – EMPLOYER’S STATEMENT PLEASE PRINT

What was the employee's last day paid or compensated (i.e., vacation)? _____ Last day worked: _____								What date did the employee actually return to work? _____ (Do not use a future date)							
Was the employee on layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of layoff: _____ Date recalled: _____								Has a claim been filed for Workers' Compensation related to this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Employer's Signature: _____				Print Employer's Name and Position: _____				Employer's Phone Number: _____							
												Date Form Completed: _____			

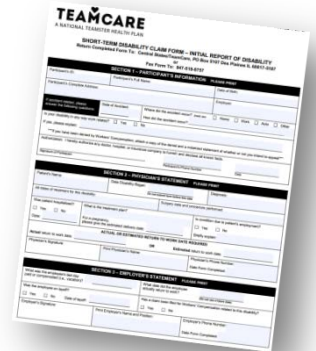
PROCEDURES TO FILE FOR SHORT-TERM DISABILITY BENEFITS WITH TEAMCARE

HOW DO I FILE FOR MY SHORT-TERM DISABILITY BENEFITS?

Your Short-Term Disability Benefit provides a weekly payment as indicated in your Plan Benefit Profile. To receive these benefits, you must be disabled as a result of a non-work-related injury or illness or unable to work due to pregnancy; **and** you must be receiving regular care from your doctor. You must be actively employed and covered by the Plan when you become disabled. To begin receiving your weekly payments, please follow the procedures below:

TEAMCARE

In order to begin the process, you must complete and submit the TeamCare **SHORT-TERM DISABILITY CLAIM FORM – INITIAL REPORT OF DISABILITY**. You can download and print the claim form from the TeamCare website at **MyTeamCare.org** or you can call 800-TEAMCARE to request a claim form be mailed or faxed.



COMPLETING CLAIM FORM:

- Part 1: Must be completed by the employee
- Part 2: Must be completed by your treating physician
- Part 3: Must be completed by your Employer/HR Department

SUBMITTING CLAIM FORM:

Once the claim form is completed, you can either mail or fax claim to:

MAIL: TeamCare – Central States Health Fund
PO Box 5107 Des Plaines, IL 60017-5107

FAX: (847) 518-9757

PHYSICIANS UPDATES:

Once your disability payments begin, you may be asked to submit a **SHORT-TERM DISABILITY -CONTINUATION FORM** to TeamCare with updates from your physician. Please return the form promptly to avoid delay in processing your payments.

**UPS
Aetna**

UPS EMPLOYEES ONLY:

In addition to submitting your claim form to TeamCare, UPS employees **must** also call Aetna at 866-825-0186 to initiate your leave with UPS.

A medical note supporting your leave must be provided and Aetna will give you information explaining your additional responsibilities while on leave. Once on leave, medical documents must be sent to Aetna every 60 calendar days to recertify your leave. That documentation can be uploaded to your claim at www.aetnadisability.com.

General questions about your leave from UPS should be directed to Aetna at 866-825-0186.

DO YOU WORK AT UPS IN NJ, NY, CA or RI?

UPS employees who work in NY or NJ **must submit your claim through Aetna** as follows:

- Call 866-825-0186 to reach an Aetna Disability representative, or
- Online at www.aetnadisability.com.

UPS employees who work in CA or RI **must submit your claim through your State's short-term disability program**. A copy of that claim should then be submitted to TeamCare.

What happens when I exhaust my weekly Short-Term Disability benefits?

Non-UPS Participants: If you exhaust your Short-Term Disability benefits, you may be eligible to make Cobra Self-Payments or receive an Extension of Benefits to continue coverage. Contact a TeamCare Benefits Specialist at 800-TEAMCARE for information.

UPS Participants: If you exhaust your Short-Term Disability benefits, you may be eligible for Long-Term Disability benefits through UPS. To determine your eligibility for long-term disability, please call 866-825-0186.

QUESTIONS

If you have questions, please login into **MyTeamCare.org** and send a secure message (question) through the **Message Center**, or call a Benefits Specialist at 800-TEAMCARE (832-6227).