

**NOTE:** In addition to completing and returning this form to TeamCare:

- **UPS** employees must call The Hartford at 866-825-0186 or visit [abilityadvantage.thehartford.com](http://abilityadvantage.thehartford.com) to initiate your leave.
- **TForce Freight** employees must email [tfleave@tforcefreight.com](mailto:tfleave@tforcefreight.com) or visit the TELUS Health Portal at [tforce.abilityabsenceus.com](http://tforce.abilityabsenceus.com) to initiate your leave.

**SHORT-TERM DISABILITY CLAIM FORM - INITIAL REPORT OF DISABILITY**

**FORM MUST BE COMPLETED IN FULL BEFORE PAYMENT IS CONSIDERED**

Send 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.											
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		
<b>DO NOT SUBMIT FORM BEFORE THIS DATE</b>								
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: _____		
<b>ACTUAL OR ESTIMATED RETURN TO WORK DATE REQUIRED</b>								
Actual return to work date: _____				<b>OR</b>	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)? _____				What date did the employee actually return to work? _____ <b>(Do not use a future date)</b>				
Last day worked: _____								
Was the employee on layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No				Has a claim been filed for Workers' Compensation related to this disability?				
Date of layoff: _____		Date recalled: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer's Signature:			Print Employer's Name and Position:			Employer's Phone Number:		
						Date Form Completed:		

**TO CHECK THE STATUS OF YOUR SHORT-TERM DISABILITY CLAIM, PLEASE LOGIN TO MYTEAMCARE.ORG**

# SHORT-TERM DISABILITY FOR NON-UPS MEMBERS

## FOR MEMBERS WHO WORK IN CA OR RI:

Your benefit comes directly from the state. Submit a claim through the state's short-term disability program. In CA, visit [edd.ca.gov](http://edd.ca.gov) and in RI, visit [dlt.ri.gov/tdi](http://dlt.ri.gov/tdi).

Then send a copy to TeamCare through the Message Center at [MyTeamCare.org](http://MyTeamCare.org) or by fax to (847) 518-9757.

## FOR MEMBERS WHO WORK FOR TFORCE FREIGHT:

**If you are employed by TForce Freight in New York**, submit a claim with Prudential Insurance Company of America at [prudential.com/mybenefits](http://prudential.com/mybenefits), by calling **(877) 367-7781**, or by faxing **(877) 889-4885**.

**If you are employed by TForce Freight in New Jersey**, submit a claim with the state by visiting [nj.gov/labor/myleavebenefits](http://nj.gov/labor/myleavebenefits), calling **(609) 292-7060**, or faxing **(609) 984-4138**. Once approved, members must send a copy of the statement to TeamCare.

TForce Freight employees must email [tfleave@tforcefreight.com](mailto:tfleave@tforcefreight.com) or visit the **TELUS Health Portal** at [tforce.abilitiabsenceus.com](http://tforce.abilitiabsenceus.com) to initiate your leave.



## FILE FOR SHORT-TERM DISABILITY (STD)

Visit the Forms and Documents link at [MyTeamCare.org](http://MyTeamCare.org) or by scanning this QR code. Download/print the *Short-Term Disability Claim Form-Initial Report of Disability*.

The form needs to be completed by your doctor, your supervisor/HR rep, signed, and returned to TeamCare. Submit to TeamCare:

**FASTEST:** Online at Message Center at [MyTeamCare.org](http://MyTeamCare.org)

**FASTER:** Fax to (847) 518-9757

**FAST:** Mail to PO Box 5107, Des Plaines, IL 60017-5107

All Short-Term Disability checks are mailed to the members and a claim typically takes 7-10 days to process. 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.

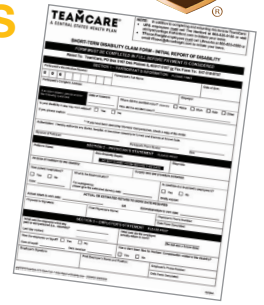
If you exhaust your STD benefits, you may be eligible to make COBRA Self-Payments or receive an Extension of Benefits to continue coverage. Contact a TeamCare Benefits Specialist at 800-TEAMCARE for information.

To check the status of your claim or to send a secure message, please login into [MyTeamCare.org](http://MyTeamCare.org); or call the CustomerCare Center at **800-TEAMCARE**.





# SHORT-TERM DISABILITY FOR UPS UNION EMPLOYEES



## **FOR MEMBERS WHO WORK IN CA OR RI:**

Your benefit comes directly from the state. Submit a claim through the state's short-term disability program. In CA, visit [edd.ca.gov](http://edd.ca.gov) and in RI, visit [dlt.ri.gov/tdi](http://dlt.ri.gov/tdi).

Then send a copy to TeamCare through the Message Center at [MyTeamCare.org](http://MyTeamCare.org) or by fax to (847) 518-9757.

## **FOR MEMBERS WHO WORK IN NY OR NJ:**

You must file your claim with The Hartford by calling **866-825-0186** or online at [abilityadvantage.thehartford.com](http://abilityadvantage.thehartford.com). You will need to register using the email address where you would like to receive updates on your claim. This is also how you can file for LTD if you are eligible.

## FILE FOR SHORT-TERM DISABILITY (STD)

- 1 Visit the Forms and Documents link at [MyTeamCare.org](http://MyTeamCare.org) or by scanning this QR code. Download/print the *Short-Term Disability Claim Form-Initial Report of Disability*. The form needs to be completed by your doctor, your supervisor/HR rep, signed, and returned to TeamCare. Submit to TeamCare:

**FASTEST:** Online at Message Center at [MyTeamCare.org](http://MyTeamCare.org)

**FASTER:** Fax to (847) 518-9757

**FAST:** Mail to PO Box 5107, Des Plaines, IL 60017-5107



All Short-Term Disability checks are mailed to the members and a claim typically takes 7-10 days to process.

- 2 **Call The Hartford** at **866-825-0186** immediately to initiate your leave at UPS. The Hartford manages FMLA for all employees. It is important that you contact The Hartford immediately to ensure contributions are made for continued TeamCare benefits while on leave.

**Medical Documentation:** Medical documentation supporting the leave of absence must be provided to The Hartford within 48 hours of the initial phone call. It is not necessary for you to wait for the letter from The Hartford to send medical documentation. Once on leave, medical documents must be sent to The Hartford as often as you visit your physician, but no less than every 90 days, to re-certify the leave.

- 3 **IMPORTANT:** When you return to work, you MUST call The Hartford at **866-825-0186** to report your return. This step ensures that you do not experience issues with benefits and/or pay.

To check the status of your claim or to send a secure message, please login into [MyTeamCare.org](http://MyTeamCare.org); or call the CustomerCare Center at **800-TEAMCARE**.

## TRANSITION TO LONG-TERM DISABILITY (LTD)

If you are a full-time employee you may be eligible for Long-Term Disability benefits. To ensure there is no lapse in service, you should start submitting paperwork for LTD on the 20<sup>th</sup> week of your STD. To initiate and start your LTD claim for benefits, you must call The Hartford at **866-825-0186** or file online at [abilityadvantage.thehartford.com](http://abilityadvantage.thehartford.com). To expedite your LTD claim, advise your immediate manager that The Hartford will be sending them a questionnaire via email that must be completed to avoid delaying your LTD benefit.

For LOA or LTD claim questions, please contact The Hartford at **866-825-0186**.

