

# How to File a Leave of Absence, Disability or Voluntary Benefits Claim

## Simple, easy, convenient: Starting your absence from work

To improve your claims experience, your employer has contracted with Reliance Standard Life Insurance Company and Matrix Absence Management to administer its Short Term Disability (STD), Long Term Disability (LTD), Family Medical Leave Act (FMLA) and Voluntary Benefits (VB) programs. These may include Group Accident or Critical Illness coverages. This document explains how to file a request for a leave of absence, along with a voluntary benefits claim.

### DISABILITY BENEFITS

Disability programs provide partial pay benefits as financial assistance during an absence from work due to your own medical condition. Your eligibility for such benefits and the amount of pay available vary with each plan. When you apply for disability benefits we will apply the rules of your employer's plan to determine your eligibility and the amount of benefits, if any.

### LEAVE OF ABSENCE

In addition to disability benefits, you may qualify for a leave of absence\* for the following reasons:

- Your own serious health condition;
- Care of a family member;
- Needs due to a family member's military service;
- Bonding with a newborn, adopted child, or a newly placed foster child;
- Other leaves provided by company policy or state or federal law.

If you are requesting one of these leaves of absence, we will provide you with a certification form that must be completed to support your leave request. If the leave is medical related, we will as a courtesy send the appropriate form to you or your family member's health care provider. It remains your responsibility to ensure we receive the completed form, so please be in touch with your provider.

\*NOTE: Some absences of fewer than 3 days may qualify you for leave, such as recurrences of your own or a family member's chronic or long-term conditions or family military needs. Ordinary short-term illnesses such as a cold or the flu generally will be covered by regular sick pay or other time off programs, if available from your employer, and do not need to be reported as outlined in this document.

## INFORMATION YOU’LL NEED TO REPORT A DISABILITY, LEAVE OF ABSENCE OR VOLUNTARY BENEFIT

Depending on the type of benefits or leave, you will be asked to provide some basic information. Having the following information readily available when you report your absence to Matrix will speed up the process:

- **Personal Information:** Name, address, telephone number, and the last four digits of your Social Security Number.
- **Job Information:** Job title, job description, workplace location and address, work schedule, supervisor’s name and telephone number, date of hire, and last day worked.
- **Illness/Injury Information:** Nature of the illness, how, when, and, if applicable, where the injury occurred, the date your disability began and when the disability commenced.
- **Provider Information:** Name, address, telephone number, and fax number for each treating health care provider

## HOW TO REPORT A DISABILITY, LEAVE OF ABSENCE OR VOLUNTARY BENEFIT

Timely reporting of your leave is critical for approval of your claim for leave and/or benefits. It’s easy to file a claim 24/7/365 via mobile app\*, web, or by phone (see Step 2 below).

If you expect to be out of work for more than three days\*\*, you must take the following steps:

<b>STEP 1:</b>	Notify your supervisor and/or your local Human Resources Partner. You do not need to discuss private health issues when providing this information.
<b>STEP 2:</b>	<p>To file your claim directly on the web, just go to <a href="http://www.matrixabsence.com">www.matrixabsence.com</a>. If you’re accessing our web portal for the first time, you will need to set up an account.</p> <p>If you don’t have Internet access, you can call (888) 288-1354. Be ready to provide your personal, job, illness/injury and provider information (see below for specifics).</p> <p>Finally, just for STD and FMLA / Leave of Absence Claims, you can download the Matrix eServices Mobile App by scanning the correct QR code, or by searching Matrix eServices Mobile in your smartphone or tablet’s app store (iOS or Android).</p> <p>Within 24 hours of requesting leave, you will receive an Absence Packet explaining what (if any) additional documentation is needed.</p>
<b>STEP 3:</b>	Submit the requested documentation for claim processing.



ANDROID



iOS

NOTE: You may also be required to file a claim for state disability or family leave benefits depending on location. If that applies, specific state information will be in your claim packet.

\*NOTE: Mobile app filing is not currently available for accident, life, AD&D, or critical illness claim filing.

\*\*NOTE: Some absences of fewer than 3 days may qualify you for leave, such as recurrences of your own or a family member’s chronic or long-term conditions or family military needs. Ordinary short-term illnesses such as a cold or the flu generally will be covered by regular sick pay or other time off programs, if available from your employer, and do not need to be reported as outlined in this document.

## AUTHORIZING THE RELEASE OF YOUR MEDICAL INFORMATION FOR BENEFITS

The release of medical information is critical for the evaluation of your claim for disability benefits, if applicable. To facilitate this, Matrix will provide you with a “Medical Authorization” form within 24 hours of the filing of your claim.

- We will contact your healthcare provider directly within 24 hours of receiving your claim to obtain medical certification.
- Your provider may also ask you to sign their specific authorization form. If they do, please sign it. This release authorization will expedite the processing and payment, if applicable, of your claim.

- If proper written medical documentation is not received from your provider within 15 days of your request for leave, your leave may not be approved. Adequate supporting medical information is required.
- Therefore, it's important that you follow up with your provider and Matrix to make sure your healthcare provider has sent the proper disability documentation within the deadline.
- It's also helpful to ask your provider to be as specific as possible when certifying the amount of time that you will have to miss work.

## WHAT TO EXPECT NEXT

### Benefit or leave eligibility is confirmed

Within five business days of filing your claim, you will be notified in writing, whether you are eligible for the requested benefit and/or leave of absence benefits (based on hours, service and disability enrollment, if applicable).

### Medical information, if applicable, is obtained

If you filed a disability claim, your physician (or that of your immediate family member) will be contacted to discuss your (or your family member's) medical information, treatment plan, prognosis, and functional abilities. Your Absence Management Specialist may also contact you to discuss the following:

- The information you initially reported.
- Your medical condition, including the impact it has on your ability to do your job, and your treatment plan.
- The evaluation procedures used under this program.

The frequency with which your Absence Management Specialist contacts you will depend on your individual circumstances and the expected duration of your absence from work. Periodically, your provider may be contacted to discuss your current medical condition. Additional medical information may be needed in order to continue benefits under the disability programs or to continue your approved leave of absence.

### Initial decision is made

Once all the pertinent information has been obtained, we will make an initial determination regarding your request.

- For STD, LTD, life, AD&D, Accident, and Critical Illness claims, a decision will be made upon receipt of the information and will be based on the plan definition as outlined in the policy.

Additionally, the decision may be based on other factors such as:

- Activities you can and cannot perform.
- The circumstances of your condition, treatment plan, and prognosis.
- The requirements of your job and your ability to perform the job.

For Leave of Absence claims, a decision will be made within three business days of receipt of complete information.

### Follow-up

Occasionally Matrix may need more information to continue or extend your leave of absence or disability benefits. If that is the case, your Absence Management Specialist will contact you with directions and appropriate forms.

### Important notes about STD benefits

STD benefits may be payable when you are unable to perform the essential elements of your job (as determined based on information provided by your employer) due to an illness, injury or pregnancy.

In addition, you must be receiving appropriate care and treatment from a qualified healthcare provider on a continuing basis. If your STD claim is approved, benefit payments will be issued by Matrix.

## HOW TO REPORT INTERMITTENT ABSENCES

If your leave is intermittent (taken in segments of time rather than one continuous block), you will need to report your missed time. To submit your intermittent time for an approved/ open intermittent leave, you can use any one of the easy reporting options listed earlier.

If the specific intermittent time requested is not approved for leave, you will receive a letter explaining the reason(s). If the time is approved you will not receive a letter stating the approved time. If you want to request a letter outlining the amount of intermittent time that has been applied toward your leave of absence entitlement, contact your Matrix Absence Management Specialist via the app, online or by calling (888) 288-1354.

## LONG TERM DISABILITY (LTD)

If you continue to be disabled by the midpoint of the LTD Elimination Period under your employer's plan and are eligible for Long Term Disability, you will be contacted by a Matrix Absence Management Specialist and will receive a package which contains information about applying for Social Security benefits, as well as other pertinent forms required to begin processing your LTD claim. Upon approval, monthly LTD benefit payments will be issued to you.

If your STD or LTD claim is not approved, in whole or in part, your Absence Management Specialist will:

- Contact you to explain why your claim is not approved.
- Inform your employer of the denial.
- Send you a formal letter that documents the reasons for the denial and explains the appeal procedure.

## FMLA RECERTIFICATION

Depending on your diagnosis, we will generally ask you to recertify your leave every six months unless the frequency of the leave is changing periodically. For disability cases, we will ask for recertification based on the medical documentation provided by your provider and our guidelines.

If your STD, LTD, Life, AD&D, Accident, and Critical Illness claim is not approved, in whole or in part, your Absence Management Specialist will:

- Contact you to explain why your claim is not approved.
- Inform your employer of the leave denial.
- Send you a formal letter that documents the reasons for the denial and explains the appeal procedure.

## RETURNING TO WORK

Throughout the entire process, your Absence Management Specialist (and when appropriate, a Nurse Case Manager) will work with you, your provider in some cases, and your employer to determine a return to work plan specific to your needs and abilities. We will contact you five days prior to your expected return to work date to verify your intent on returning. Matrix will then notify your employer.

Effective communication is a two-way process. You are encouraged to call Matrix at (888) 288-1354 anytime you have questions or concerns about the program or your case. The Matrix Claims Service Center is available from 9 a.m. – to 5 p.m. (MT), Monday through Friday to answer your questions.

For more information regarding your STD and LTD plans, please reference your Summary Plan Description. Consult your Human Resources Department for more information on your leave of absence policy, job protection, and rights while on leave.



[www.reliancestandard.com](http://www.reliancestandard.com)

Earnings and eligibility are defined per the policy and/or the summary plan description filed with and/or by your employer. This document is only a guide. All claim decisions will be made in accordance with the applicable policy or plan provisions. Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.