
When Do I Report a Claim?

Your own serious illness, disability, or maternity leave: You may report a claim up to 30 days in advance of a planned disability absence OR as soon as you are aware that you will be disabled due to illness or injury.

Your family member's serious illness, military leave, or your own intermittent leave: You may report a claim immediately if a family member is suffering a serious illness or to care for a newborn, foster or adopted child.

How Do I Report a Claim?

1. Contact your supervisor to report your absence.
2. Print this document, sign and date the Authorization to Release Information section below, and leave with your physician or medical care provider at your next visit.

Note: Lincoln Financial Group requires your physician to provide information about your medical condition. If this

Roger Williams.

Please have the following information available when you report your claim:

- Your physician or medical care provider's name, address, fax and telephone numbers
- Your manager's name, telephone number and e-mail address
- Reason you are out of work (diagnosis/symptoms)
- Your last day worked, first day absent from work, and anticipated return to work date

Or you can call **1-888-408-7300** and speak with an Intake Specialist to report your claim.

4. Keep a record of your claim number. Reporting your claim online provides the added convenience of printing a claim report which includes your claim number and a summary of your claim details.
5. You may securely check the status of your claim online at www.MyLincolnPortal.com or by calling your Case Manager at **1-800-210-0268** or Leave Specialist at **1-800-283-0823**.

Authorization to Release Information

I authorize any health care provider having information about my physical or mental condition and treatment to give all information to the Company in the Lincoln Financial Group of companies and/or Plan Sponsor to which I am submitting a claim. I understand the information obtained by this Authorization will be used to determine eligibility for benefits. Information obtained under this Authorization or directly from me may be released to persons/organizations providing m



Leaves of Absence Under Title 5, Chapter 140B, Section 140B.03 - 140B.03

Q What is Short Term Disability?

Short-term disability benefits provide income replacement if an employee is unable to work due to an illness or non-work related injury that causes the employee to be unable to perform the functional responsibilities of his or her current position.

Q What is FMLA?

The Family and Medical Leave Act of 1993 (FMLA) requires that covered employers grant an eligible employee up to a total of 12 workweeks of unpaid leave during any 12-month period for one or more of the following reasons:

- for the birth and care of the newborn child of the employee;
- for placement with the employee of a son or daughter for adoption or foster care;
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Q What do I do if I need an FMLA leave or short -term disability (STD) benefits?

You should report your absence to your supervisor as soon as you are aware of the need for leave.

To report your claim or leave, you will need to contact Lincoln at 888-408-7300 or online at



Q In the past, I've dealt directly with my HR representative at my company ; can I still work with them?

Your HR representatives remain as resources to help you through the FMLA/STD process. They will be available to answer questions regarding the process, your RWU sick and vacation time, continuation of your RWU benefits and may be (ons)-2 ()berbebebebeTest305Tw 24.ID 0 Br(a)10.5(t)-5 (i)-0 -0 T



Short Term Disability Benefits (STD) – Frequently Asked Questions

Q: How does the disability process work?

A: Once you report your disability claim, a disability case manager will call within two business days to discuss the details of why you are out of work. The disability case manager will contact your treating provider(s) to obtain as much detailed medical information as they can over the phone. However, a written request may need to be faxed for medical information from your treating provider(s). Also, your employer may be contacted to verify such things as job duties and hours worked.

Q: How long will it take to obtain a decision on my claim?

A: Typically, our initial determinations are made within 10 business days from when the claim is reported provided we have obtained all medical information. Depending how timely we receive your medical information and the complexity of your disability, this timeframe may be extended. If the claim is submitted early, see the next question.

Q: How do you handle Short Term Disability Benefit claims submitted prior to a date of disability?

A: A disability case manager will not approve a claim prior to the date of disability. Once the date of disability has occurred, the case manager will begin the claims process and confirm your disability with the doctor



Q: How often does my case manager follow up when information has been requested from my treating provider(s)?

A: After the initial request, if the information has not been received, the disability case manager will follow up with you and your treating provider(s) on day 7 and day 21. If the information is not received within 45 days, your claim will be denied for failure to provide proof of disability. We ask that you follow up with your physician(s) to ensure all the requested information is sent. The maximum time frame to allow for this information to be submitted is 45 days.

Q: What happens if my claim is denied?

A: Once a decision has been made to deny your claim, the disability case manager will call you to explain the reason for the claim denial and inform you how to appeal this decision. Also, a letter will be mailed to you which details why your claim was denied and will explain the appeal process.

Q: If my STD claim is denied, then will my FMLA Leave be denied?

A: Not necessarily FMLA eligibility is different than STD Benefit eligibility. Lincoln Financial Group will determine your FMLA eligibility. Please read the "Leaves of Absence Under Family Medical Leave Act and/or the Short Term Disability Plan", for more information.



Rhode Island Temporary Disability Insurance (TDI)

Temporary Disability Insurance (TDI) provides benefit payments to insured RI workers for weeks of unemployment caused by a temporary disability or injury. Enacted in 1942, TDI was the first of its kind in the United States. It protects workers against wage loss resulting from a non-work related illness or injury, and is funded exclusively by Rhode Island workers.

Rhode Island employees may apply online at www.dlt.r i.gov/tdi or mail an application to TDI, P.O. Box 20100, Cranston, RI. An Employee who wishes to request an application be mailed to them, please call (401) 462-8420.

If you become ill or injured, and an examination by a Qualified Healthcare Provider indicates that you cannot work for at least 7 consecutive days, your claim should be filed as soon as possible to avoid jeopardizing or delaying your first payment. Claims must be filed within 90 days of the 1st week out of work due to illness.

Even if you are covered under Roger Williams University's sick leave benefits or the Lincoln Financial Group Short Term Disability plan, you may still file for State Disability Benefits.

Please see your employer for additional information as it pertains to your request for TDI benefits.