

ATTN UPS EMPLOYEES: In addition to completing and returning this form to TeamCare, UPS employees **must** also call the UPS Human Resource Service Center (HRSC) at **855-UPS-HRSC (855-877-4772)** to initiate your disability leave with UPS.

SHORT-TERM DISABILITY CLAIM FORM – INITIAL REPORT OF DISABILITY
 Return Completed Form To: Central States/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 ID:	Participant's Full Name:	Date of Birth:
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: _____ <small>Do not submit form before this date</small>	Diagnosis:
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)? _____	What date did the employee actually return to work? _____ <small>(Do not use a future date)</small>
Was the employee on layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of layoff: _____	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 www.MyTeamCare.org or you can call 800-323-5000 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 HRSC

UPS EMPLOYEES ONLY:

In addition to submitting your claim form to TeamCare, UPS employees must also call the UPS Human Resource Service Center at 855-877-4772 to initiate a disability leave with UPS. UPS HRSC will then send you a letter explaining your responsibilities while on a disability leave.

A medical note supporting the disability must be provided to UPS HRSC within 48 hours of the initial call. It is not necessary to wait for the UPS HRSC letter to send your medical note. Once on a disability leave, medical documents must be sent to the HRSC every 60-calendar days to recertify the leave. All medical documentation can be emailed to UPS at leaverecords@ups.com or faxed to 877-251-5073.

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 800-UPS-1508 to reach an Aetna Disability representative, or
- Online through a link at UPSers.com, or
- Online at www.wkabsystem.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.

General questions about your disability leave from UPS should be directed to UPS HRSC at 855-877-4772.

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 800-323-5000 for information.

UPS Participants: If you exhaust your 26 weeks of 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 800-877-1508.

QUESTIONS

Questions regarding benefit payment or claim status should be directed to TeamCare either through our website at www.MyTeamCare.org or by calling a Benefits Specialist at 800-323-5000.