

School of Medicine Health Sciences Compensation Plan Disability Insurance - Applies to the “Y” Component of Salary

Hartford Long Term Disability (LTD) Claim Form Instructions

1. AP/HR Gen goes to benefits website and downloads Hartford disability claim form [hyper link to form].
2. AP/HR Generalist completes the ‘Employer’ Section I of the form, pages 2-3. The employee completes Section II and III (pages 4-8 of the form). The attending physician completes the ‘Attending Physician’s Statement’, pages 9 -10.

Section I: AP/HR Generalist completes this section

A. Enter employer information. The Group Policy Number is: **GLT-023243**

B. Enter employee’s personal information.

For questions:

- Was the employee’s LTD insurance issued on the basis of a personal health statement?
Answer: No
- Was the employee insured under your prior LTD policy?
Policy has been in place since January 1, 1983, so, in most cases, answer: No

C. Information for Group Life Premium Waiver Benefits

- Does the employee also have Group Life Insurance coverage with The Hartford?
Answer: No (Assurant is the vendor that provides a Life Insurance benefit and we are in the process of obtaining a waiver of premium for this benefit.)

D. Information Needed for Withholding and Reporting Taxes

- What % of this employee’s LTD benefits is Taxable? Answer: 100%
- What % if any, do you contribute towards the cost of the LTD premium? Answer: 100%
- Does the employee contribute toward the LTD premium? Answer: No

E. Information About the Claim (please coordinate with the employee’s supervisor or appropriate administrator to determine answers to the questions)

F. Information About Your Pension Plan (put a ‘X’ in this section and write ‘Does not apply’)

G. Information About Your Rehire or Return-to-Work Policies

Answer: Yes (Coordinate with Disability Management Services (DMS) as needed to complete this section)

H. Information About the Employee’s Salary

- Basic salary or wage immediately prior to cessation of work?
(Note: This refers to only the ‘Y’ component of the salary and check the box for “Monthly”. **Mickey Zeif**, Asst. Director School of Medicine, Academic Affairs, must verify the salary information before the claim is submitted. Please contact Mickey directly, Mickey.Zeif@ucsf.edu or **415-476-4237**.)

I. Information About the Physical Aspects of the Employee’s Job (refer to the job description and contact the supervisor as needed to complete this section)

J. Information About the Job as it Relates to the Disability (coordinate with Disability Management Services (DMS) as needed to complete this section)

K. Required Attachments and Signature (HR Generalist print, sign, and date)

- ❖ Include a copy of the employee’s job description and coordinate with Mickey Zeif to provide evidence of pre-disability income on just the ‘Y’ component of salary (OLPPS

screen shots); include worker's comp information if applicable. Make a copy of all materials for your record

- ❖ AP/HR Generalist should provide the claim form (with employer section completed) to the employee and instruct employee to complete pages 4-8

Section II and III: Employee completes these two sections
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- Employee completes 'employee' section of the form, pages 4-8
- Employee forwards pages 9-10 to the attending physician and instructs physician to complete the 'Attending Physician's Statement'
- Once all forms have been completed employee should mail or fax forms to:

The Hartford
Attn: Group LTD Claims
P.O. Box 14302
Lexington, KY 40512-4302
Telephone: (800)549-6514
Fax: (866)411-5613

3. Hartford will contact the employee or employee's physician directly if they have additional questions.
4. Hartford will also communicate with the employee once a claim determination has been decided on.

Note: For claims questions, you may call Hartford Customer Support Specialist, LaKesha Smith, (916) 294-1617 or email her at lakesha.smith@thehartford.com.