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### *When Do I Report a Short Term Disability Claim?*

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If your doctor says you will be out of work for at least ten business days, have your doctor make a copy of your release form. Sign and date the copy to authorize your doctor to give the necessary information about your medical condition to The Hartford nurse.

If you know you're going to be out of work for a pre-scheduled absence (like a pregnancy) you can call up to 2 weeks in advance.

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### *What Can I Expect While I'm Out on Disability?*

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Our goal is to help you get well and return to work as quickly and as safely as possible. While you are disabled, The Hartford will assign a claim professional to you who will call you periodically to check on your progress and will discuss return to work possibilities that meet your functional limitations.

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### *I'm Ready to Return to Work – What Now?*

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GREAT! When you are ready to come back to work let your employer and your Hartford claim professional know that you are ready.

WELCOME BACK!

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### *How Do I Report a Short Term Disability Claim?*

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It's as easy as **1, 2, 3**

**1** Call **1-800-303-9744**, Monday through Friday, 8:00am to 8:00pm, Eastern Time. Be prepared to provide your

- ♦ Social Security Number
- ♦ Employer's name, work location, work phone number, home address and phone number
- ♦ Date of hire
- ♦ Physician's name and phone number
- ♦ A description of your illness or injury
- ♦ A description of your occupation

The Hartford will take all the necessary information to file your claim and will make sure you understand key elements of your disability plan, such as how long you must be disabled before your benefits begin and any factors that might limit benefit payment.

**2** The nurse will contact your physician to obtain additional medical information necessary for The Hartford to make a disability determination and will verify your eligibility.

**3** When The Hartford approves your claim, they will advise you of your benefit amount, the length of time you should be out of work and your expected return to work date. The Hartford will also contact your employer and your benefits will begin with your next paycheck.

### **Authorization to Release Medical Information**

**"Information Provider"** as used herein may include any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, agent, Health Claims Index, credit bureau or other consumer reporting agency, employer, Medical Information Bureau (MIB), Social Security Administration, Educational Institution, Government Agency or the Veterans Administration.

**"Information"** received from an Information Provider concerning the patient may include information relating to any advice, diagnosis, prognosis, treatment or care of my physical or mental condition, including information about any illness or injury, consultations, prescriptions or treatment, including x-ray plates and hospital records, records of drug or alcohol abuse and treatment, communicable disease, Human Immunodeficiency Syndrome (HIV), or Acquired Immune Deficiency Syndrome (AIDS) or mental illness (except psychotherapy notes), and/or financial, consumer report, or any other non-medical information regarding me.

**I AUTHORIZE** any Information Provider to give The Hartford (hereafter referred to as "the Company"), its legal representatives or its reinsurers, any and all Information regardless of any previous restriction or limitation on disclosure of such Information.

**I UNDERSTAND that:**

- the Information obtained by use of this Authorization is at my request and will be collected by the Company to evaluate my claim for insurance benefits.
- this Authorization shall remain valid for the duration of the claim.
- the Company will condition eligibility for benefits on my signing this Authorization.
- I may revoke this Authorization at any time by providing written notice to the Company, except (i) to the extent that an individual has taken action in reliance upon such authorization prior to notice of the revocation, or (ii) to the extent that this authorization was provided as a condition of claiming insurance benefits and other law provides the Company with the right to contest a claim for coverage under the policy.
- the Company may maintain or have access to personal information acquired separately through any of my previous insurance applications with the Company or its affiliates for insurance, even in instances where insurance was not placed with me. I authorize the Company to use or disclose such information for evaluation of my claim.
- information disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer the responsibility of the Information Provider or protected by the privacy rule under the Health Insurance Portability and Accountability Act.
- I may request to receive a copy of this Authorization and I agree that a photographic copy of this Authorization shall be as valid as the original.

\_\_\_\_\_  
*Signature of Patient or Authorized Representative*      *Date*

\_\_\_\_\_  
If signed by Authorized Representative, describe your authority to sign on behalf of the Patient

\_\_\_\_\_  
*Street Address*      *City*      *State*      *Zip*

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### **SUBMIT THIS FORM ONLY WHEN YOU HAVE A CLAIM**

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*The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies The Hartford Life and Accident Insurance Company, The Hartford Life Insurance Company and CNA Group Life Assurance Company (pending state approval of name change to "The Hartford Life Group Insurance Company").*



## To Report a Claim

1. Call your manager to report your first day of absence from work
2. See your medical provider. Bring this card.

Have the provider make a copy of the release on the other side of this card.

Sign and date the copy for the provider's files.

*Prompt and complete information from you and your physician will help prevent delays in any benefit payment for which you may be eligible!*

3. Call The Hartford at **1-800-303-9744** no later than your 10th day of absence to begin the claim process

fold1

**CALL  
1-800-303-9744**

8:00am – 8:00pm, Monday – Friday,  
Eastern Time

**TO REPORT A NEW SHORT TERM  
DISABILITY CLAIM**

fold2

**JOHNS HOPKINS  
UNIVERSITY**

*The Hartford National Accounts  
Disability Claim Reporting Service*

Important information regarding  
the disability coverage  
provided by your employer

**Please read carefully  
and  
keep for future reference**

National Account Service Center  
Disability Claims  
PO Box 946710  
Maitland, FL 32794-6710

**1-800-303-9744**  
Monday – Friday, 8:00am to 8:00pm  
Eastern Time

Disability insurance from The Hartford is underwritten by Continental Casualty, a Hartford company. The Hartford is a registered service mark of The Hartford Financial Corporation. This brochure is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the services described. Remember that only the insurance policy can give actual terms, coverage and amounts, conditions and exclusions.

**JOHNS HOPKINS  
UNIVERSITY**

## **REPORTING A SHORT TERM DISABILITY CLAIM**



**THE  
HARTFORD** 

