

Taking the time you need

When you need time off due to illness or injury, or to provide care for a family member, you need to focus on getting yourself or your loved ones better. That's why Lincoln Financial helps make reporting a leave of absence as easy as possible. In addition, this service helps protect your rights under the Family and Medical Leave Act (FMLA).

This brochure is designed to help you report your absences. If you have any questions regarding this information, your disability benefits, or your rights under the FMLA, please call 800-423-2765. You can also detach the wallet card below and keep it with you as a quick reference for reporting absences and to help you receive the protection you're allowed by law.



If you're out of work due to your own serious health condition, sign the back of this card, and ask your physician to file a copy with your medical records. If you'll be away from work for more than three business days, call 800-423-2765 and follow the prompts for "family and medical leave." This will ensure your absence is properly reported and tracked.

NOTE: Always notify your supervisor of your absence and the date you expect to return to work. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

The absence management services outlined in this brochure are limited to groups with 250 or more employees who are covered under a Lincoln Financial® group insurance policy. In addition to the federal law, certain states and the District of Columbia have separate and additional requirements employers must adhere to.

The LeavePro™ system and absence management services are provided by:
Reed Group
10155 Westmoor Drive, Suite 210
Westminster, CO 80021

Reed Group is not a Lincoln Financial Group® company. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products (policy series GL111) are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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Absence management

Absence management services

How to report a leave of absence

Employee Guide

GROUP BENEFITS

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

FML-EE-SJM001

Convenient and confidential

Lincoln Financial provides a fast, convenient way to report a leave of absence. When you call our toll-free number, our staff quickly gathers all the necessary information, which is handled in the strictest confidence.

You can submit your leave information or check the status of your leave online if you prefer. Your employer can provide the website address for our convenient self-service site.

Please note: It is important to respond to all information requests in a timely manner in order to ensure a thorough claim review.



FMLA provides up to 12 weeks of unpaid leave within a 12-month period for an employee or family member's serious health condition or for the birth or adoption of a child. Additional time may be given for care related to a Military Family Leave.

Reporting your leave

If you're unable to work due to illness or injury, or because you need to provide care for a family member, simply follow these four steps.

- 1** Notify your supervisor that you will be away from work, provide the reason for your absence, and indicate when you expect to return.
- 2** Call 800-423-2765, follow the prompts for "a new disability or leave," and report your absence to a leave specialist.
- 3** To follow up on a previously reported absence, call 800-423-2765. To ask questions about a short-term disability claim, follow the prompts for "disability." To ask questions about your FMLA or state-protected absences, follow the prompts for "family and medical leave." If you're unsure, follow the prompts for "disability."
- 4** When an absence is due to your own serious health condition (NOT caring for a dependent), sign the Authorization for Release of Information card, and provide a copy of it to your physician.

That's it! Once you've completed the steps outlined above, you have initiated your leave of absence and/or STD claim.

Reporting your return to work

Once you have determined the date you will return to work, notify your manager and call 800-423-2765. Follow the prompts for "family and medical leave," and inform the representative of your return date. If you have any questions, the representative will assist you.

We keep you informed

Once you've reported an absence, a team of absence management and disability claims professionals keep you updated and help you with any paperwork or additional information that may be required.

For leaves covered by FMLA or a state-specific law, you will receive an information packet about your absence. Complete and return any requested information within 15 calendar days to assure your rights remain protected. The information will be reviewed, and you will be informed of how the FMLA or state law relates to your specific situation.

For short-term disability claims, once the necessary information is gathered, a claims specialist determines whether the claim should be paid, pending for further information, or denied. You will be notified as soon as a determination is made.

If the claim is approved, updated medical records may be needed periodically.

Please note: You may receive separate correspondence from Reed Group regarding your family and medical leave and from Lincoln Financial regarding your disability.

Authorization for release of information

I authorize any healthcare provider, insurance company, or government agency to release information to Lincoln Financial Group. This may include medical records and protected health information, insurance coverage, Social Security and worker's compensation information. I understand that information obtained with this authorization will be used by the Company to evaluate my claim for disability benefits. This information may only be released to organizations performing business or legal services regarding my claim.

I understand I may refuse to sign this authorization, and that I may revoke this authorization in writing at any time, but doing so may result in a denial of benefits. I further understand this signed card is my copy of the authorization.

Signature _____ Date _____

Printed Name _____