



Short-term Disability Employee’s Statement

(To be completed if leave request is for Employee’s own medical necessity)
Return to ACCGov HR, Benefits Division, Fax 706-765-2525

Employee Name: _____ Emp #: _____ Date: _____

1. Date of first treatment: _____

2. Last day/hours you worked before your disability (date & hours): _____

3. Date you were first unable to work a full-day: _____

4. Normal work schedule: _____

5. Illness or Injury:

<u>Was this illness/injury sustained in connection with ACCGov employment?</u>	<u>YES</u>
<u>Is this claim for an Illness</u>	<u>YES</u>
<u>Is this claim for an Injury</u>	<u>YES</u>
<u>Was this injury sustained intentionally?</u>	<u>YES</u>
<u>Was this injury sustained as a result of doing work for pay or profit?</u>	<u>YES</u>
<u>Was this injury caused by an act of war or sustained while in the armed forces?</u>	<u>YES</u>
<u>Was this injury the result of an accident?</u>	<u>YES</u>
<u>Date of accident:</u> _____	<u>If applicable, were you wearing a safety helmet? YES</u>
<u>Location of the accident:</u> _____	
<u>How did the accident occur?</u> _____	

6. Have you previously been treated for this or related medical problem? _____ YES

7. Have you previously been approved for short-term disability for this or related medical problem in the last 12 months?
If yes, please list dates of paid short-term benefit: _____

8. Paid short-term disability benefits, if approved, may begin on the 16th day after the first scheduled day of work was missed. There is a 15 working-day elimination period, in which no benefits are payable under the short-term disability plan. Other earned leave accruals may be used during this 15 working-day elimination period. If you choose not to use your accrued leave then you will be in a “no-pay” status during this time. Beginning the 16th working-day, you have the option to begin using the paid short-term disability benefit, or continue use of your available accrued leave. At this time, regardless of your normal work schedule, you will be transitioned to a Monday – Friday, 40-hour work week. Once you return to work, your normal schedule will be reinstated.

While receiving your ACCGov paycheck, your benefit premiums and normal deductions will continue. If you enter a “leave without pay/no-pay” status, then it becomes the responsibility of the employee to pay premiums for any missed benefit deductions. Please contact the Benefits and Wellness Division at 706-613-3114 to ensure you will not experience a lapse in coverage.

Choose **one** of the two options below by initialing your desired selection to receive either the short-term disability benefit, or your accrued leave beginning the 16th working-day of your disability.

_____ I elect to use my earned accrued leave during my **entire period of absence**, including the 15 working-day elimination period and the paid short-term disability benefit period. I understand that I will begin to receive the paid short-term disability benefit after I have completely exhausted all accrued leave, and this will NOT extend my allowed period of short-term disability (up to 26 weeks maximum).

_____ I elect to accept the paid short-term disability benefit during my period of absence after the 15 working-day elimination period is fulfilled. I understand that this benefit pays 60% of my base pay, up to \$200.00 per day.