



How to file a claim and/or leave

When you're out or unable to work, you depend on Family Medical Leave to protect your job and Short Term Disability Insurance to protect your finances.

FOR FASTEST RESULTS, FILE ONLINE



On the web

Visit **unum.com/claims** and log in or register to get started. You can file and manage all your claims on this site as well as upload required documentation, sign and submit forms, and much more. For added ease, you can download our mobile app.



On your mobile device

You can download the **Unum Customer App** for Apple or Android devices once you've registered for an account online. Use the app to manage your claim or file a new one from the convenience of your phone.

EMPLOYER POLICY NUMBER : 379727

EMPLOYEE ACTIONS

- 1 Notify your supervisor of leave/absence.
- 2 Visit **unum.com/claims** to get started on filing your claims.
- 3 Sign a Release of Information Consent form online.
- 4 Track the progress of your claim online to ensure required information is received.

If you have questions about filing your claim or leave, or are unable to file online, we're available Monday through Friday, 8 a.m. to 8 p.m. ET, at **1-866-779-1054**.

Please see the back of this page to ensure you have all the information you need to complete the start of your claim or leave.

INFORMATION NEEDED TO SUBMIT A SHORT TERM DISABILITY CLAIM AND/OR REQUEST FOR LEAVE

Please be prepared to provide the following information when you call to submit your claim/leave. If someone else makes the call on your behalf, they may need to provide this information.

- | | |
|---|--|
| <input type="checkbox"/> Name of the company where you work | <input type="checkbox"/> Occupation (or job title) |
| <input type="checkbox"/> Policy number (printed on the front of this brochure) | <input type="checkbox"/> Supervisor's name and telephone number |
| <input type="checkbox"/> Your name and Social Security number or employee ID number | <input type="checkbox"/> Your last day worked and your first day absent from work due to your claim and/or leave request |
| <input type="checkbox"/> Complete address and phone number | <input type="checkbox"/> The date you expect to return to work (if you know), or the actual date if you have already returned to work at the time you call |
| <input type="checkbox"/> Date of birth | |
| <input type="checkbox"/> Marital status | |

Please note: Leave is job protection under federal and state laws whereas a disability is income replacement. In many situations the two coverages overlap when you are missing work due to your own illness or injury.

In addition, the following information will be needed when submitting a disability claim.

- ☐ Healthcare provider's name, address, fax and telephone number
- ☐ A brief description of your medical condition including cause of condition (illness or injury), date of injury or beginning of illness, and whether it's work-related
- ☐ The dates of your first visit, your most recent visit, and your next scheduled visit with your healthcare provider for this condition
- ☐ Work restrictions or limitations stated by your healthcare provider, if any

Prompt and complete information from you and your healthcare provider will help assure a timely decision and payment if you are eligible.

Please note: Unum may require additional medical information to better understand your disability claim. The timing of the decision depends on how quickly the information is received. Unum will partner with you to gather all required information for the duration of your disability claim.

INFORMATION THAT MAY BE IMPORTANT TO YOU

Check your claim status, correspondence, and updates online — anytime.

Unum has developed a secure and easy way for you to manage your disability claim online at www.unum.com/claims. Our secure web services allow you to access and make changes to your open claims, as well as view updates and correspondence when they become available.

Our secure site helps eliminate delays and is simple to use. Here are a few main features:

Sign and submit your electronic disability authorization form.

Upload documents for disability claims from your personal computer.

Register for direct deposit of your claim payment, when applicable.

Check claim status, correspondence, and most recent payment information.

Verify and change personal information and monitor your claim progress.

You may also manage your claim with the Unum Customer App. The Unum Customer App is available for Apple and Android devices.



**Better benefits
at work.™**

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CLAIM FRAUD STATEMENTS

Fraud Warning

For your protection, the laws of several states, including Alaska, Arizona, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Maryland, New Mexico, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Virginia, Washington, and West Virginia require the following statement to appear on this claim form:

Any person who knowingly and with the intent to injure, defraud or deceive an insurance company presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning for Alabama Residents

For your protection, Alabama law requires the following to appear on this claim form:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Fraud Warning for California Residents

For your protection, California law requires the following to appear on this claim form:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Fraud Warning for Colorado Residents

For your protection, Colorado law requires the following to appear on this claim form:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Fraud Warning for District of Columbia Residents

For your protection, the District of Columbia requires the following to appear on this claim form:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Fraud Warning for Florida Residents

For your protection, Florida law requires the following to appear on this claim form:

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Fraud Warning for Kentucky Residents

For your protection, Kentucky law requires the following to appear on this claim form:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Fraud Warning for Minnesota Residents

For your protection, Minnesota law requires the following to appear on this claim form:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Fraud Warning for New Hampshire Residents

For your protection, New Hampshire law requires the following to appear on this claim form:

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

Fraud Warning for New Jersey Residents

For your protection, New Jersey law requires the following to appear on this claim form:

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

Fraud Warning for New York Residents

For your protection, New York law requires the following to appear on this claim form:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Fraud Warning for Pennsylvania Residents

For your protection, Pennsylvania law requires the following to appear on this claim form:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Fraud Warning for Puerto Rico Residents

For your protection, Puerto Rico law requires the following to appear on this claim form:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.