Timely reporting of your leave is critical for approval of your claim for leave and/or benefits. It's easy to file a claim 24/7/365 via mobile app, web, or by phone (see Step 2 below).

If you expect to be out of work for more than three days\*, you must take the following steps:

Step 1:	Notify your supervisor and/or your local human resources department. You do not nf yem ft

## What to expect next

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Within five business days of filing your claim, you will be notified in writing whether you are eligible for the requested benefit and/or leave of absence benefits (based on hours, service and disability enrollment, if applicable).

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If you filed a disability claim, your physician (or that of your immediate family member) will be contacted to discuss your (or your family member's) medical information, treatment plan, prognosis, and functional abilities. Your Absence Management Specialist may also contact you to discuss the following:

- The information you initially reported.
- Your medical condition, including the impact it has on your ability to do your job, and your treatment plan.
- The evaluation procedures used under this program.

The frequency with which your Absence Management Specialist contacts you will depend on your individual circumstances and the expected duration of your absence from work. Periodically, your provider may be contacted to discuss your current medical condition. Additional medical information may be needed in order to continue benefits under the disability programs or to continue your approved leave of absence.

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Once all the pertinent information has been obtained, we will make an initial determination regarding your request.

 For STD and LTD claims, a decision will be made upon receipt of the information and will be based on the plan definition as outlined in the policy. Additionally, the decision may be based on other factors such as:

- Activities you can and cannot perform.
- The circumstances of your condition, treatment plan, and prognosis.
- The requirements of your job and your ability to perform the job.

For Leave of Absence claims, a decision will be made within three business days of receiving the complete information.

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Occasionally Reliance Matrix may need more information to continue or extend your leave of absence or disability benefits. If that is the case, your Absence Management Specialist will contact you with directions and appropriate forms.

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STD benefits may be payable when you are unable to perform the essential elements of your job (as determined based on information provided by your employer) due to an illness, injury or pregnancy.

In addition, you must be receiving appropriate care and treatment from a qualified healthcare provider on a continuing basis. If your STD claim is approved, benefit payments will be issued by your employer through payroll.

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If your leave is intermittent (taken in segments of time rather than one continuous block), you will need to report your missed time. To submit your intermittent time for an approved/open intermittent leave, you can use any one of the easy reporting options that were listed on page 2.

If the specific intermittent time requested is not approved for leave, you will receive a letter explaining the reason(s). If the time -5.6 (r)-17.5 (t in)4.8 (t)11.4 (e)-8.2.7 (n)6.4 (t)18.4 (e)-e

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