



Reporting Your Disability Claim/Leave

The Rochester Regional Health Short-Term Disability Policy and Family & Medical Leave are administered by Liberty Life Assurance Company of Boston, a Lincoln Financial Group company.

Lincoln Financial Group is available 24 hours a day, 7 days a week and offers employees direct access to claims/leave resources and information. You can easily report a claim/leave and check its status through Lincoln Financial Group's dedicated secure website or by telephone. Please visit www.mylibertyconnection.com to access employee resources and online tools, as referenced below.

When Do I Report a Claim/Leave?

Your own serious illness, disability, or maternity leave: You may report a claim up to 30 days in advance of a planned disability absence OR as soon as you are aware that you will be disabled due to illness or injury for 3 or more calendar days.

Your family member's serious illness, military leave, or your own intermittent leave: You may report a leave when you will be out of work for more than 3 consecutive days or intermittently to care for an immediate family member suffering a serious illness or to care for a newborn, foster or adopted child.

How Do I Report a Claim/Leave?

1. Report your claim/leave via www.mylibertyconnection.com. First time users must register using Company Code **RRHLIBERTY**.

To report by phone, call 1-888-778-9217 and speak with an Intake Specialist to report your claim/leave and begin the process.

Please have the following information available when you report your claim/leave:

- Your physician or medical care provider's name, address, fax and telephone numbers
- Your manager's name, telephone number and e-mail address
- Reason you are out of work (diagnosis/symptoms)
- Your last day worked, first day absent from work, and anticipated return to work date

2. Keep a record of your claim/leave number. Reporting your claim/leave online provides the added convenience of printing a report which includes your claim/leave number and a summary of your claim/leave details.
3. Sign and date the Authorization to Release Information section below, and leave with your physician or medical care provider at your next visit.

Note: Lincoln Financial Group requires your physician to provide information about your medical condition. If this information cannot be obtained, benefits may be delayed.

4. You may securely check the status of your claim/leave online at www.mylibertyconnection.com.

Authorization to Release Information

I authorize any health care provider having information about my physical or mental condition and treatment to give all information to the Company in the Lincoln Financial Group of companies and/or Plan Sponsor to which I am submitting a claim. I understand the information obtained by this Authorization will be used to determine eligibility for benefits. Information obtained under this Authorization or directly from me may be released to persons/organizations providing medical treatment or claim management/advisory services in connection with my claim, including Employee Assistance Programs (EAP), or other similar disease management/assistance programs providing services to the Plan Sponsor and/or the Company. This Authorization is valid for two years from the date appearing below with my signature. I have the right to revoke this Authorization by notifying the Company. I know that I may request a copy of the Authorization and I agree that a photographic copy shall be as valid as the original.

Employee Signature

Date

Print Employee Name

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