

How to submit a claim

for short term disability and/or FMLA leave

You can submit claims online or by phone. Online submission is the fastest way to get your claim started.

Online

Our easy system lets you enter all the information we need to start your disability claim. Just go <u>https://myleave.leavesource.com</u> and follow these simple steps to submit your claim:

Click on "Request New Leave" and enter the requested information:

Step #1: Leave Type (ex. Own medical condition, Bonding, Care for Parent, & Care for Child)

Step #2: Leave Dates (ex. Continuous Leave or Intermittent Dates)

Step #3: Additional Info (ex. Confirming Address, Email, & Phone No)

Step #4: Confirmation (Submit)

You will see a screen that states Your leave request has been successfully submitted. Please allow a few business days for processing.

Click on "Upload Documents" to upload documents for your claim. Click

on "Inbox" to download documents.

By Phone

After you tell your employer you're going to be out of work, call us at 1-844-404-2111. Call as soon as you know you'll be missing work or if you're already off work.

We'll send you a packet that has all the information and forms you'll need for your claim, including a medical release form. We can only contact your doctor after you sign this form and send it back to us. It's very important that you complete and return these forms to us as soon as possible.

[‡] The Standard es el nombre comercial de StanCorp Financial Group, Inc. y sus subsidiarias. Los productos del seguro son ofrecidos por Standard Insurance Company de Portland, Oregon, en todos los estados excepto en New York, en donde los productos de seguros son ofrecidos por The Standard Life Insurance Company of New York de White Plains, New York.

After you file a claim

You will be assigned your own disability benefit examiner (DBE), who will be your main contact. Your DBE will:

- Call you with information and answer your questions.
- Contact your benefits manager at work to make sure we have all of your correct information.
- Get your health records to work on your claim. This includes your doctor's treatment plan and estimates on when you can return to work.
- Act as the main point of contact between you, your doctor and your employer. This can help you return to work as quickly and safely as possible.

Our goal is to get you back on your feet and help you get back to work.

Your employer works with us to help employees out on disability return to their jobs safely. If you're out on disability, your DBE will talk with you, your doctor and your benefits manager to see if any jobs become open during your time out that your doctor might feel you can do, like a job that doesn't have heavy lifting or a desk job that lets you stay off your feet. One thing's for sure — we'll all work together to help you return to your job when the time is right.

You may have your own nurse care manager

If you have an Anthem health plan and you have a chronic or long-term health condition or one that might cause future problems, you may be contacted by one of Anthem's medical nurse care managers. These are registered nurses who'll work with you and your DBE to help you get better. Since everyone heals differently, every claim is based on each person's own situation. If you haven't talked with a medical nurse care manager yet and would like to, your DBE can connect you with one anytime.

Support when you need it

Your DBE may also offer to transfer you by phone to a counselor at our Resource Advisor member assistance program. Our licensed counselors can help you cope with your own disability or with the stress and responsibility of caring for a family member when they're seriously ill.

MyLeave User Guide

MyLeave allows employees to initiate leave requests, report absences, and access leave information for themselves.

Login Link:

https://myleave.leavesource.com

Login Page

If you have not registered yet, please begin the registration process. If you have already registered, you can follow the steps below. Enter your login ID (your work email address) and password.

(MyLea	ve	
	© 🖲 🧔 O Version: 7.1.7		1
	Please note, MyLeave is s perform normal system m 9/17/2019 between 6:00	cheduled for downtime to naintenance on Tuesday ,) - 7:00 P.M. Pacific Time.	
		×	
	Password	_	
Contraction of the second	Forgot y	our password?	
North and Conting (Institute	S	ign In	
	Don't have an ac	count? Please <u>Register</u>	
	Privacy Policy	© 2018 Qcera, Inc	

Registration

When you click on the **Register** link, you will be prompted to enter the following information:

- Work email address or last name on file
- Last four digits of your social security number
- Date of birth
- Company Employee ID (not required)

◎ ම ∕		
	Please enter all information below and click "Next" to continue.	
	Work Email Address	*
	To register using last name click <u>here.</u>	
	Company Employee ID	*
	Date of Birth (mm/dd/yyyy)	*
	Last 4 digits of your SSN	*
	Cancel Next	

MyLeave Registration

Click the **Next** button to complete. If everything matches your information on file, a login account will be created.

Once MyLeave has confirmed your registration information, you will be asked to set your password. You must enter your password twice for confirmation. You may also specify an alternate email address. Click the **Create Account** button to complete. MyLeave will email your account information to your work email address and also to your alternate email address if specified.

Note: Passwords are case sensitive.

MyLeave

The My Leave page allows you to create and manage your own leave requests and contains the following functions:

Menu bar: The Request New Leave button will allow you to initiate a new leave request. Add/ Extend Dates for a Leave allows you to request additional time off for an existing leave. Upload Documents (coming soon) allows you to submit documents related to your leave to be reviewed by our leave administrators.

Upload Documents: This button enables you to upload documents for your leave administrator to use towards your leave. To upload a document, select the Upload Document button and select a file from your folders. Once a file is selected, add an appropriate title. You may also add notes for the leave administrator to view with the document.

Account Balances: This table displays the maximum time allowed under each regulation/policy, time used against each regulation/policy, time pending approval, remaining time available under each regulation/policy, and if you have used all the allotted time under a regulation/policy the date of exhaust.

Absence History: A comprehensive list of your leave activity. From here you can review the status of past, present and future leaves.

Note: If "I do not know when I will take intermittent absences at this time" was selected at time of entry, the leave request will not be displayed as "Waiting for Review" until a determination is made.

	MyLeave	≡					📢 New Noti	ication !! O Classic View	
	SALES Supervisor	MY LEAVE							
	Last Login: 3/18/2015 9:52:11 AM	Request New Leave	Add/Extend Dates	s for a	🍰 Uplo	ad Documents	ອເ	oordinate Return to Work	
	🙆 Dashboard	Click \Theta	Click O			Click 🖸		Click O	
	🎔 My Leave		CIICK				2		Very environt
	i≣ My Staff	Absence History			200	witch View	Account	Balance	balances
	🗁 Leave Report	Absence Type	Absence Begin/End	Duration	Status		Арр	roved Pending Available	
	Employees on Leave	Family Medical Leave (Self)	03/10/2015 to 03/13/2015	32.00 V hrs F	Vaiting for Review	Cancel	14 FML - Fed	03/19/2014 to 03/18/2015 12.00 wks	
Your current requests	(Custom)	Family Medical Leave (Self)	03/26/2015 to 03/26/2015	8.00 hrs V	Vaiting for Review	Cancel	M FML - CA-CFRA	03/19/10/14 to 05/18/2015	
New Jacob	View/Print Forms							12.00 WRS	
Your leave	Preferences			E	xpand All 😸 Col	lapse All 🚫	sick 🥵	01/01/2011 to 12/31/2011 7.00 days	
history	<table-cell-rows> Log out</table-cell-rows>	👙 Medical Leave		08/18 09/10	/2014 - //2014	0851531	🐲 Personal	01/01/2014 to 12/31/2014	
		11 Family Medical Leave	(Self)	08/18 09/10	/2014 - //2014	0851530	Sector Company	01/01/2013 to	
		Personal Leave of Abse	ence	04/01 04/12	/2014 - //2014	0824478		10.00 wks	
		P. Family Medical Losue	rali	04/01	/2014 -	0024477			

Request Leave or Add Dates/Request Extension

To initiate a new leave, select Request New Leave to begin the request process.

0	Request New Leave
	Click 😔

If you choose Add Dates/Request Extension you will have an additional option to add the Reference Id of an existing leave.

Step #1: Leave Type

The first step in requesting a leave is to select the reason for your absence.

≡ Steps	• Request New Leave			
Step #1: Leave Type	Instructions:	Please enter information abou FML leave type if available.	t the FML leave you need to take o	r select a non-
Step #2: Leave Dates Step #3: Additional Info Step #4: Confirmation	Leave is for:	Your own medical condition Vour Pregnancy Bonding with Newborn Care of Spouse Care of Child under 18 Care of Parents Other Reason Relation	(not pregnancy). Not selected Not selected	V
	Leave Reason Details: (Optional) Cancel	O Personal Leave of Absence Previous Next		Finish

Step #2: Leave Dates

I do not know when I will take intermittent absences at this time

If you wish to take intermittent time and have not planned any time off, select this option. This option is not available if you selected Add Dates/Request Extension.

Continuous Leaves

If your absence is a block of time for at least 3 consecutive days, enter the anticipated start and end date in the fields. You may click on the calendar to the right of each field to select a date for that field.

Intermittent Leaves

If your request is for an intermittent leave and you know of at least one absence date, enter the amount of time off from the Hrs and Mins dropdown lists. Then click the date of absence from the calendar to add the date to the selection box. Repeat this for as many absence dates you need to report. If you enter an incorrect date, highlight the date in the selection box and click Remove Date.

eps	Request New Leave
tep #1: Leave Type tep #2: Leave Dates	Instructions: Please enter the leave dates planned at this time. Continuous leave dates indicate a block of time you will be out for full days without returning in between. Intermittent time represents single day or partial day absences.
tep #3: Additional Info	Leave Duration
tep #4: Confirmation	Continuous Leave
	Intermittent Date(s)
	March 🗹 2015 🔽 Selected Dates
	March 2015 03/26/2015 (8.00 hours) Select reason V Reset Dates
	1 2 3 4 5 6 7
	8 9 10 11 12 13 14
	15 16 17 18 19 20 21
	22 23 24 25 26 27 28

After establishing your leave dates, you must select your regular work schedule. Two standard work schedules are presented to you under **Work Schedule**. If these selections fail to properly represent your weekly work schedule, select **Other** and manually input the hours you work.

Once all the information has been entered and checked, click the Next button to proceed to Step 3.

Ork Schedule ○ Regular M-F, 8 hrs per	day	
OM-Th, 10 hrs per day		
O Other:		
paid leave is available, how	would you like to be paid during your leave?	

Step #3: Additional Information

In this area you can click on the link to make changes to your personal information. Leave any comments regarding your leave for a Leave representative to review.

If any information is inaccurate please contact your employer as soon as possible.

≡ Steps	• Request New Leave	
Step #1: Leave Type	Instructions:	Please confirm the information below. Click the link to change the mailing address to ensure all notifications are received.
Step #2: Leave Dates Step #3: Additional Info	Mailing Address	123 Main Drive
Step #4: Confirmation		Los Angeles California
		90001
	Personal Email	
	Phone No.	
	Alternate Phone No.	<u>Click here to change the information above</u>
	Comment	

Step #4: Confirmation

This final screen allows you to review the information you have submitted for approval. Review the information carefully and click the Previous button to return to any screens and correct errors. Once all information is entered correctly, click the Submit button to confirm the leave.

pe Instructions:		Please review t Click the "Previ "Navigation" to ready to submi	he information ous" button at t the left to make it your request.	you have entered he bottom, or clic e a change. Click '	d regarding thi ck any of the li "Submit" wher	is leave. nks under 1 you are
al Info						
Leave Type		From Date	To Date	Duration	Int Reason	Hours
Your own med	ical condition	03/12/2015	03/12/2015	Intermittent		3.25
					Total Time:	3.25
Work Information	Week #1 (03/0 Week #2 (03/1	Sun Mon 8/2015) 0.00 0.00 5/2015) 0.00 0.00	Tue Wed Thu 0.00 0.00 0.00 0.00 0.00 0.00	Fri Sat Total 0.00 0.00 0.00 0.00 0.00 0.00		
Leave Information Reason: Relationship: Related To: Leave Reason D	Seri Self Not	ious Health Cond Related	lition			
Additional Informati Mailing Address Personal Email: Phone No: Alternate Phone Comment:	on :: 123 Los e No:	Main Drive Angeles	Ca	ilifornia	90001	I

The leave will show up as Waiting for Review under Absence History. In the example, one date of intermittent leave was entered, therefore one date appears with the status Waiting for Review.

Absence History				
Absence Type	Absence Begin/End	Duration	Status	
Family Medical Leave (Self)	03/26/2015 to 03/26/2015	8.00 hrs	Waiting for Review	Cancel

You can check back periodically to see the status of your leave request. Click the Cancel link to remove your leave request. You will only have the option to cancel a request if it has not been opened by the leave management team for review. If you need to cancel a request after this point, contact Leave Management Service Center at 1-888-868-7046.

View/Print Forms

This section will allow you to download and print any documents made available through MyLeave. Click the View link to open the PDF and print, or the Download link to save a copy of the form to your computer.

VIEW	//PRINT FORMS				
🖨 Vi	ew/Print Forms				
#	Title 🚡	Upload Date	Туре	Size	Action
1.	_Certification of Health Care Provider Form	12/24/2014	PDF	244 KB	View Download
2.	California SDI UI PFL Notice to Employees	12/26/2014	PDF	1408 KB	View Download

Settings/Preferences

You may change your password or change your time zone on the Preferences page. Should the need for a new password arise, simply type in the new password and re-type the password in the following field to make the appropriate change. This can also be done for a secondary email address.

To change your time zone, simply select the appropriate area in which you reside from the drop-down menu. A time zone reference map is provided for your convenience. It is advisable that you establish your time zone when you first logon to MyLeave. When you have finished making all your required changes, click **Save** to save your changes.

PREFERENCES

Change Password	O Time Zone
To change your password, type in a new password below and then confirm the new password by typing it in again. Please remember that your password is case-sensitive and must be 5-16 characters. It is recommended to include at least one non-alpha character in your password.	Pacific Mountain Central Eastern
Current Password	SD MN HI HI PA CT
New Password	
Verify Password	AZ NH TX LA CA
Secondary Email Address	
	O Change Your Time Zone
To change your secondary email address, enter the email address below and click "Save" button. The secondary email address can be used to receive "Password Reset" emails when you do not have access to the primary email address associated with the account.	To change your time zone, select from the list below. A time zone map is displayed to the right for your reference.
Email Address	Your Time Zone
	Pacific - PT

Inbox

If communications are delivered to your MyLeave, a red flag will appear next to the Inbox menu item with the number of unopened communications.

Select the Inbox menu item to go to your list of communications. Green highlighted communications are unopened. To open a communication simple click anywhere on the green highlight. To download a communication click on the blue download icon to the right of the line item.

MyLeave							Classic View	
JANE SMITH SALES Supervisor	INB	OX						
Last Login: 7/26/2016 1:44:49 PM		ly Inbox 📕	3					+
🚯 Dashboard		,						_
My Leave	#	Received	Description		Associated Period	Expiration		_
	1.	07/27/2016	FE-09: FML Leave Summary Email	ы	-	07/17/2018	Ł	
	2.	07/26/2016	FE-09: FML Leave Summary Email	R	-	07/16/2018	*	_
🔒 View/Print Forms	3.	07/18/2016	FE-09: FML Leave Summary Email	M	-	07/08/2018	Ł	
Preferences	4.	07/18/2016	OTJA Notification Letter	27	-	07/08/2018	±	

‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 445 Hamilton Avenue, 11th floor, White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.