

Information

Leave of Absence

Leave of absence is used to document and authorize time away from work for surgery, in-patient admission, or time away in excess of seven calendar days for medical leave or family care leave. This includes the need for intermittent and reduced-schedule.

Family Medical Leave Act

The Family Medical Leave Act (FMLA) gives an eligible staff member the right to take up to 12 weeks of unpaid job-protected leave in a rolling 12-month period. Leave can be for the birth/adoption of a child, to care for a spouse, parent, or child with a serious health condition; or when the staff member is unable to work because of their own serious health condition. In addition, an eligible staff member may take up to 26 weeks of unpaid job-protected leave for military caregiver leave.

To be eligible, a staff member must complete 12-months of employment and have worked at least 1,250 hours during the 12-months immediately before the start of the leave.

The FMLA entitlement is determined by a rolling 12-month period measured backwards from the date a staff member uses family leave or medical leave.

FMLA runs concurrently with any paid leave offered by HonorHealth such as Paid Time Off (PTO), Short-Term Disability (STD), Workers' Compensation (WC). All days away from work (including intermittent absences, reduced schedule leave) will be counted toward the staff member's FMLA entitlement.

Periodic Reporting Requirements

While on leave, you may be required to furnish your Employee Benefits department with periodic written reports of your status and intent to return to work.

Intermittent and reduced schedule requires Certification of Serious Health Condition from a Health Care Provider.

Return to Work

If your medical (including maternity) condition keeps you off work more than 7 calendar days, you must take a copy of the written release from your treating physician to Corporate/Occupational Health for drug testing and final clearance to return to work. The urine drug test may be conducted up to 14 days prior to your scheduled return to work date. We recommend allowing sufficient time to be cleared by Corporate/Occupational Health.

Question & Answer

1) How do I apply for a Leave of Absence?

Complete the Leave of Absence Request form. Submit the request form immediately to your Employee Benefits department. It is your responsibility to ensure that your Employee Benefits department receives the leave of absence request form. Please do not submit completed forms to your department.

2) What happens after I submit my request?

You will receive a letter letting you know whether you are eligible for leave under the FMLA and whether your absences qualifies as job-protected leave under the FMLA.

3) Will I be paid during my leave?

While on medical or maternity leave:

- PTO must be used to supplement payment of approved STD benefits. However, the combined total of STD and PTO may not exceed 100% of regular wages.
- WC payments will be paid through Scottsdale Healthcare's claim administrator and PTO cannot be used.

While on a family (post maternity) leave:

- PTO must be used the same as normal scheduled work hours.

4) Is my job protected?

If you are not eligible for job-protected leave under the FMLA, your position may be posted and filled. If you are eligible for FMLA, your job is protected during the first cumulative 12-week period while you are on a qualifying FMLA leave. If you remain off work beyond 12 weeks, your position may be filled permanently. Please discuss the status of your position with your department manager.

If your position is not available when you are cleared to return to work, you may have up to 30 days to work with Recruiting to find another position for which you qualify. If a position is not secured within 30 calendar days, your employment will be separated.

5) How will my group health insurance premiums be paid?

When you are not receiving a paycheck from HonorHealth you will be responsible for the cost of your benefit premiums. You will receive instructions on how to pay your premiums in a separate letter.

Instructions – (1) This form should be completed by the staff member (or their designated personal representative) and returned to the Employee Benefits department as soon as possible. (2) It is the staff member's responsibility to ensure that Employee Benefits receives this completed form. Please do not submit to your department.

SECTION 1 – EMPLOYEE INFORMATION

Name (printed) _____ Employee # _____

Address _____ City _____ State _____ Zip Code _____

Work # _____ Home # _____ Cell # _____

May we communicate with you using your personal email? ☐ No ☐ Yes

Email: _____

SECTION 2 – REASON FOR REQUESTING LEAVE

I am requesting leave for the following reason:

☐ My own health condition – provide dates below(if applicable) Is the condition work related: Yes ☐ No ☐

Date of surgery/illness: _____ Date of in-patient admission _____

☐ Birth of my child; to care for my newborn child: Anticipated due date: _____

Do you plan to be off ☐ 6 weeks or ☐ 12 weeks?

SECTION 3 – DURATION OF LEAVE – DATES ARE REQUIRED TO BE PROVIDED

Date Leave Expected to Begin: _____ Date Leave Expected to End: _____

Will this leave be for a continuous period or intermittently? ☐ Continuous ☐ Intermittent/Reduced Schedule

SECTION 4 – SIGNATURE

I understand that all leave and duration are based on the medical certifications provided by my doctor. Failure to comply with any policies or procedures associated with my leave may result in denial of my leave and/or termination of my employment. I further understand that it is my responsibility to provide supporting documentation to the Employee Benefits department upon request.

Employee Signature X Date _____

Submit document(s) to:

HonorHealth

8125 N. Hayden Road, Scottsdale, AZ 85258

Fax: (480) 882-5802

Email: leaveofabsence@honorhealth.com

CLAIMS



FILE A CLAIM WITH CONFIDENCE

Your disability program is managed by The Hartford, a leader in disability and leave services. It's a user-friendly benefit that helps provide essential support services while you're away from your workplace.

HonorHealth

Policy #697217

THE HARTFORD MAKES IT EASY TO FILE A CLAIM. JUST FOLLOW THESE STEPS.

STEP 1

Know when it's time to file

If you're absent from work, we can advise you on when to file your claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

STEP 2

Have this information ready

- Name, address, and other key identification information.
- Name of your department and last day of active full-time work.
- Your HR representative's name and phone number.
- The nature of your claim.
- Your treating physician's name, address, and phone and fax numbers.

STEP 3

Make the call or file online

With your information handy, call The Hartford at **1-866-223-1674**. Or file online at **WWW.THEHARTFORDATWORK.COM**, or by using the My Benefits at The Hartford mobile claims app (see more information on the next page). You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim.

TO FILE A CLAIM:

1-866-223-1674

6:00am – 7:00pm MST, Monday – Friday

Policy #697217

WWW.THEHARTFORDATWORK.COM

If you're absent from work, we can advise you on when to file your claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible 30 days prior to your last day of work.

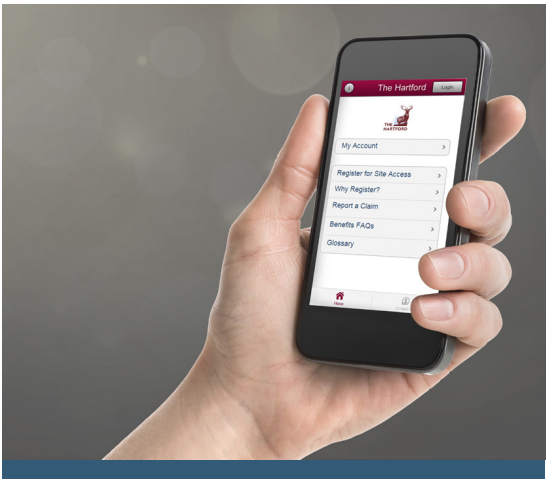


(Please cut here and keep in your wallet.) ✂

continued



CLAIMS



FILE YOUR CLAIM FASTER BY USING THE MOBILE APP!

The My Benefits at The Hartford claims app allows you to file your claim faster from your mobile device. You can also view your status and payment details, submit intermittent time off, and more! Download the app for free today from Apple® and Google Play™ stores.

GET SUPPORTIVE ASSISTANCE

Even after your claim has been filed, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle free experience until you return to work. Feel free to also call us with anything that’s on your mind. We’re here to help.

RELAX AND STAY POSITIVE

You have the assurance of our knowledge, experience and understanding of what you are going through. We’re with you all the way, so you can receive the benefits you qualify for and get back to your life.

QUICK FACTS

The Hartford’s goal is to help get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We’ll be there when you need us.

Prepare. Protect. Prevail.SM



(Please cut here and keep in your wallet.) ✂

WHEN YOU CALL THE HARTFORD WILL ASK YOU TO PROVIDE:

- Name, address, and other key identification information.
- Name of your department and last day of active full-time work.
- Your HR representative’s name and phone number.
- The nature of your claim.
- Your treating physician’s name, address, and phone and fax numbers.

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