



VERMONT FAMILY AND MEDICAL
LEAVE INSURANCE (FMLI)

YOUR GUIDE TO FILING A CLAIM





The State of Vermont and The Hartford have partnered to provide Family and Medical Leave Insurance (VT FMLI) to all eligible State of Vermont employees. VT FMLI is a benefit which replaces a percentage of your income in case you can't work due to one of the qualified leave reasons. We've made it easier than ever to access your FMLI benefits with The Hartford's Ability Advantage®. It's a one-stop, secure portal that lets you manage your FMLI claims online – through your phone, laptop or tablet. This guide will let you know what information is needed to file a claim, and instructions on how to initiate the claim. It all adds up to a simpler customer experience.

REQUIRED INFORMATION TO INITIATE A CLAIM

Before you file your FMLI claim with us, please have this information ready:

- Your full legal name as a State of Vermont employee.
- Your home address.
- Your State of Vermont employee identification number.
- Your last full day of work.
- The calendar dates which you intend to use accrued leave time and/or FMLI, whenever possible, in advance of the leave. Accrued leave time includes, but is not limited to sick leave, annual leave, personal leave, compensatory hours or other paid time off.
- The dates of your absence, if known.
- The reason why you'll need to miss work (for example: your own serious medical condition or a qualifying family event).
- Contact information for the treating physician, such as the doctor's name, address, phone number, fax number or email address.

IMPORTANT REPORTING GUIDELINES

- If your absence is scheduled, you can file 30 days or more prior to your first day of leave (for example, an upcoming hospital stay).
- If your absence is unscheduled, follow your employer's call out policy and also call us as soon as possible.
- The Hartford will notify the State of Vermont when you file an FMLI claim. You, however, are responsible for providing notice to your supervisor/manager of your need for an absence from work. You must follow the expected procedure and/or rules for requesting an absence from work. Failure to communicate with your employer may result in you being considered off-payroll without authorization, which could result in disciplinary action, up to and including dismissal from employment.

Important Note:

- You may be eligible for job protection under the FMLA. Please contact your [HR Representative](#) for more information.
- As a state employee, you must complete and submit accurate timesheets in a timely manner in accordance with the State of Vermont payroll schedule. You have a duty to accurately report scheduled work hours, leave used, and any unpaid time not worked on your timesheet. You may use FMLI and accrued leave time for the same overall leave event, however, you may not use more than one source of payment for the same period of time away from work on a planned or unplanned FMLI leave. If you can't provide The Hartford with advance notice, it will not impact your ability to receive accrued leave time or FMLI benefits, however:
 - » Your FMLI claim submission information will be verified against your timesheet.
 - » If you change your timesheet and elect accrued leave time after you've filed your FMLI claim, you may receive notice of an FMLI claim overpayment that you'll have to repay.
 - » If you knowingly seek payment from both sources by intentionally filing an FMLI claim and reporting accrued leave time for the same hours, you may be subject to disciplinary action and/or you may be committing insurance fraud.

BEGIN A NEW CLAIM

Welcome to the Vermont Family and Medical Leave Insurance (FMLI) Employee User Guide. This guide will help you navigate your specific claims journey from beginning to end. If you have further questions about filing a new claim or an inquiry on an existing claim, please call 866-432-6744.

Perform Steps 1-7 to begin your new claim, then select the appropriate leave event type below and follow the steps provided.

- [Bonding/Adoption/Foster Care](#)
- [Care of a Family Member](#)
- [Employee's Own Illness \(This includes the birth of a child.\)](#)
- Caregiver for a Servicemember (This includes caring for a covered military servicemember with a serious illness or injury who is your spouse, child, parent or next of kin.)¹
 - » Claimant should call 866-432-6744 to initiate the claim. Due to the complex nature of this type of claim, we want to make sure you have the best experience and service available.
- Family Member Active Duty (This includes a qualifying exigency associated with active duty in the military or a call to active duty of your parent, spouse or child.)
 - » Claimant should call 866-432-6744 to initiate the claim. Due to the complex nature of this type of claim, we want to make sure you have the best experience and service available.

¹ As detailed in the Family and Medical Leave Act, 29 USCS, §§ 2611 et seq.

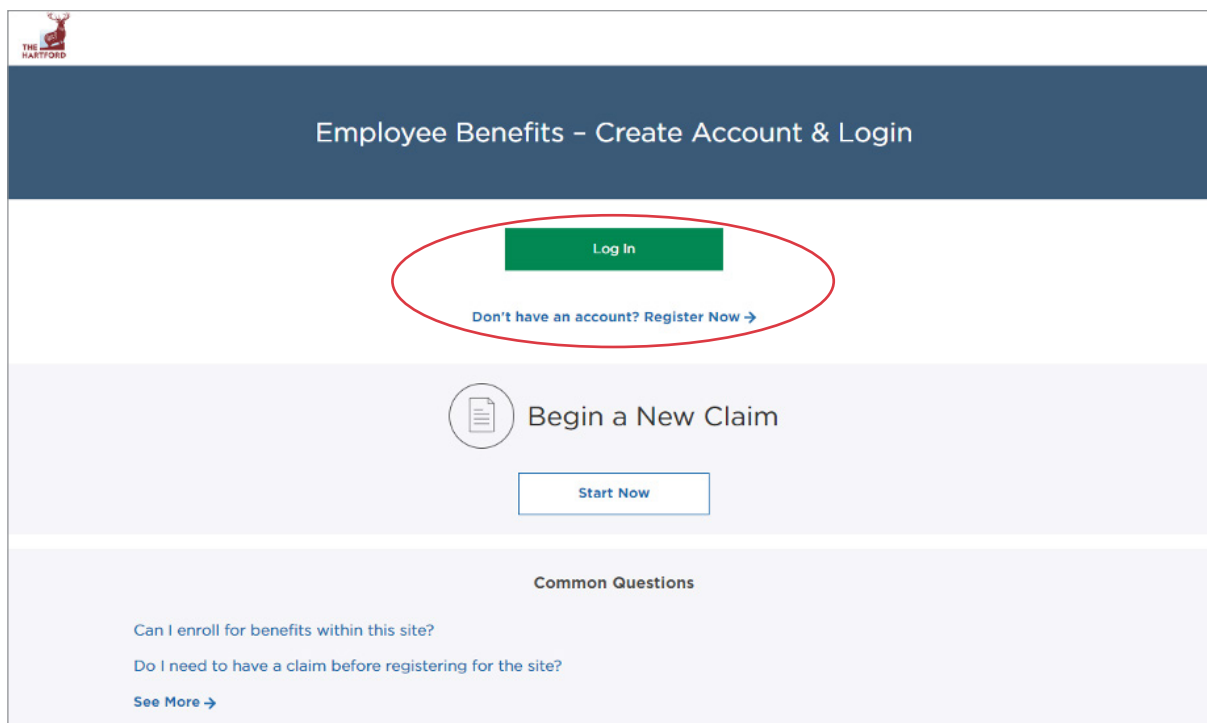


Figure 1: Create Account & Login Screen

- 1 To begin, you'll need to log in with a registered username and password. If you've made a previous claim and have a username and password, you can click "Log In." If not, click "Register Now" to create an account. If you're registering for the first time, you'll be asked to accept the site wide terms and conditions, this includes an agreement to receive communications electronically. You will not be able to move forward to access the site until these are accepted.

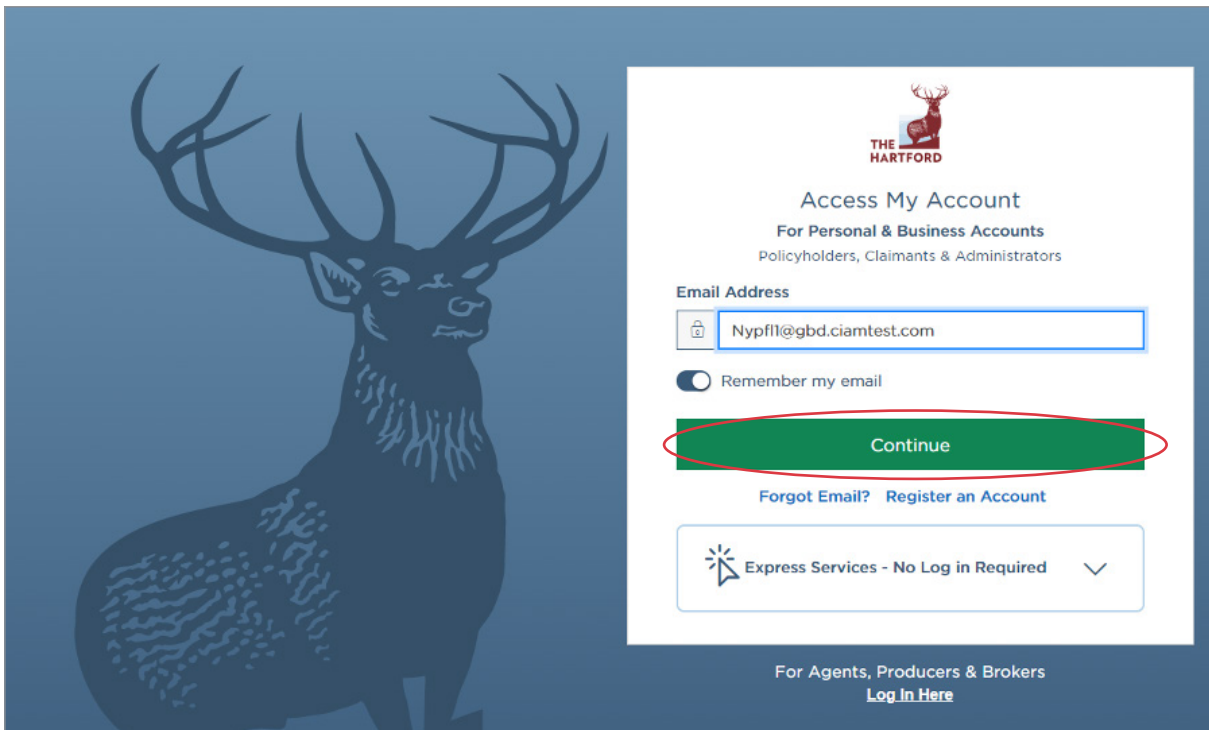


Figure 2: Access My Account Login Screen

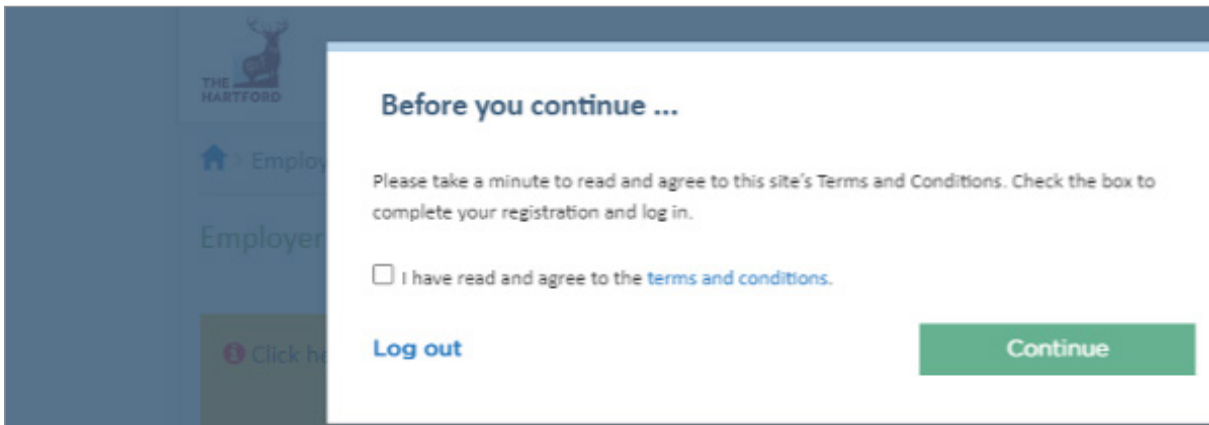


Figure 3: Terms & Conditions Screen

- 2 If you're a new user, check the box that you accept the terms and conditions. You will not be able to move forward if you don't check this box. If you aren't a new user, enter your login information and click "Continue."

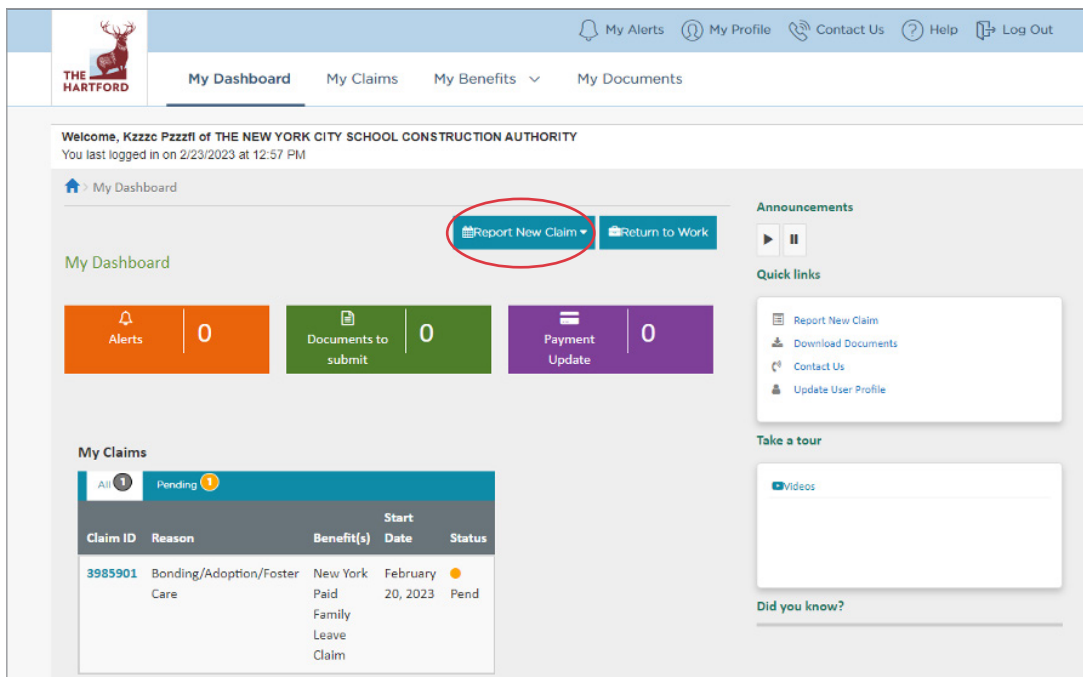


Figure 4: User Account Dashboard Screen

3 This screen displays information about your current claims. To report your new claim, click the drop-down menu labeled “Report New Claim” and select “Leave or Disability Claim.”

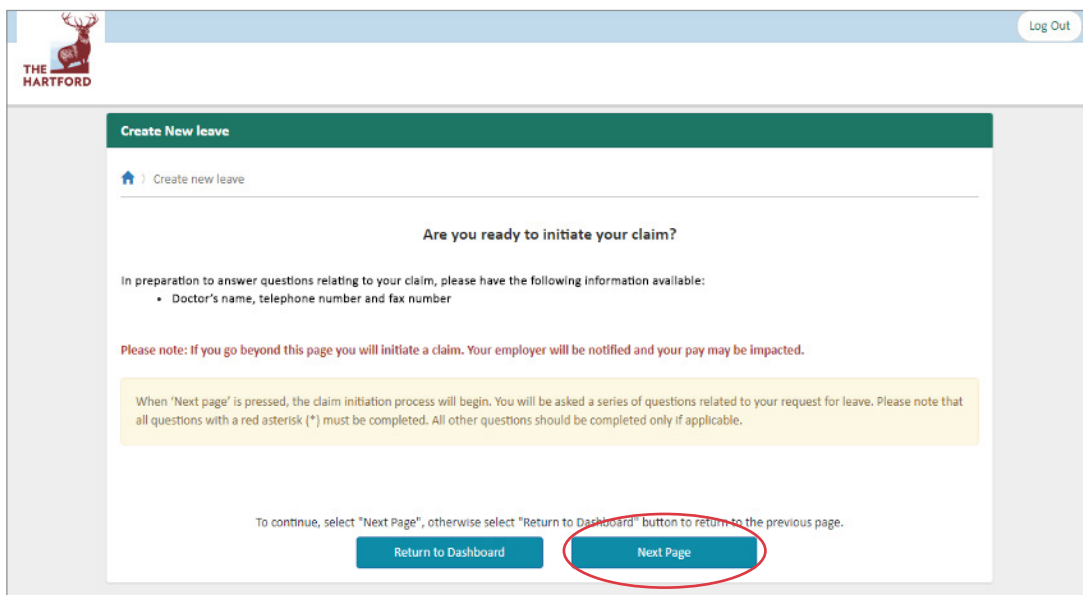


Figure 5: Create New Leave Screen

4 This screen asks you to confirm that you'd like to file a claim. If you'd like to move on to the claims process, select “Next Page.”

Figure 6: Contact Information Tab

NOTE: The boxes highlighted in pink must be filled out for you to continue the claims process. They will not be pre-filled, but still must be answered before you can continue filing your claim.

5 The boxes highlighted in gray will be pre-filled by your employer, but if anything is left empty we ask that you fill it in. The more accurate and up-to-date information we have, the better we can serve you.

Figure 7: Notification Preferences Tab

6 • If an email address is provided the Notification Preferences Tab (Figure 7) is displayed, before seeing the Claim Information Tab (Figure 8).
• If no email address or prefer not to provide is selected, the Claim Information Tab shown in Figure 8 will be displayed.

Quick Links

Coverage Information

Frequently Asked Questions

Leave Descriptions

Leave Type Definitions

Notes: 500 char

Show all Notes

Save/Exit

Contact Information

Claim Information

Provider Details

Employer Information

Insurance Information

Customer Specific/ Claim Creation

Summary/ What happens next

Last saved: 2/23/2023, 1:09:14 PM

Claim Information

What is or will be your first day absent from work?

☐ Unknown

Below is the time that has been requested:

<<< Prev Month

February 2023

Next Month >>>

January 2023							February 2023							March 2023						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
01	02	03	04	05	06	07				01	02	03	04				01	02	03	04
08	09	10	11	12	13	14	05	06	07	08	09	10	11	05	06	07	08	09	10	11
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25
29	30	31					26	27	28					26	27	28	29	30	31	

New Request

Previously Requested Approved, Pending, or Denied Full Day

Previously Requested Approved, Pending, or Denied Partial Day

Previously Requested Canceled Full Day

Previously Requested Canceled Partial Day

Get Details

←

→

Figure 8: Claim Information Tab

- 7 • On this screen, you'll be asked the first date your FMLI absence begins. You should select the date to the best of your ability, but it's okay if it needs to be changed or updated later.
- Once complete, click the blue arrow in the bottom right corner to continue.

Quick Links

Coverage Information

Frequently Asked Questions

Leave Descriptions

Leave Type Definitions

Notes: 500 char

Show all Notes

Save/Exit

Contact Information

Claim Information

Provider Details

Employer Information

Insurance Information

Customer Specific/Claim Creation

Summary/What happens next

Last saved: 2/23/2023, 1:09:14 PM

Claim Information

What is or will be your first day absent from work?

11/01/2022

Unknown

Can you tell us why you will be absent from work?

Bonding/Adoption/Foster Care

Bonding/Adoption/Foster care relationship:

Newborn

Relationship Details

Child's First Name:

JZZZC

Child's Last Name:

PZZZFL

Date of Birth:

11/01/2022

What was or will be your last day worked?

10/31/2022

Was your first day absent a full day or a partial day?

Partial

Full

Have you already returned to work?

Yes

No

What day do you plan to return to work?

11/14/2022

Unknown

Catastrophe Indicator:

Yes

No

Below is the time that has been requested:

<<< Prev Month

November 2022

Next Month >>>

October 2022							November 2022							December 2022						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
						01	01	02	03	04	05						01	02	03	
02	03	04	05	06	07	08	06	07	08	09	10	11	12	04	05	06	07	08	09	10
09	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31
30	31																			

New Request

Previously Requested Approved, Pending, or Denied Full Day

Previously Requested Approved, Pending, or Denied Partial Day

Previously Requested Canceled Full Day

Previously Requested Canceled Partial Day

Get Details

Figure 9: Claim Information Tab

FOR BONDING/ADOPTION/FOSTER CARE

- When prompted, click “Bonding/Adoption or Foster Care” from the pull-down menu.
 - If you aren’t sure what your first absent day will be, click “Unknown.”
 - Here, you’ll be prompted to choose whether your bonding leave is for a newborn, adoption or foster care placement. Choose accordingly, then fill in the Relationship Details.
 - The questions highlighted in pink must be answered for you to continue, but it’s okay if the information needs to be changed or updated later.
 - In the same window, you’ll see a question asking the last scheduled day you worked or will work. If there is a gap in days between your last scheduled work day and the start of your claim, even if it’s just because of a weekend or scheduled time off, we need to know.
 - If you don’t know the day you plan to return, click “Unknown.”
 - For Catastrophe Indicator, select “No.”

Figure 10: Employer Information Tab

- 2 Input your job title in the box provided, then click the blue arrow to continue.

Figure 11: Customer Specific/Claim Creation Tab

- 3
 - In the Customer Specific/Claim Creation Tab, click “Yes” or “No.”
 - Answer any additional questions.
 - Click “Submit Claim.” This step will generate your claim number.

Quick Links	Contact Information	Claim Information	Provider Details	Employer Information	Insurance Information	Customer Specific/ Claim Creation	Summary/ What happens next
Coverage Information Frequently Asked Questions Notes: 500 chars Show all Notes Save/Exit	Summary Thank you for filing a claim with us today. Below is the claim number(s) along with a summary of the information you provided. Statutory Paid Family Leave Number : 3986515 Things to Know Now that you've filed your claims, there are important things for you to know and do: We will assign an Ability Analyst to your claim. They may ask you for information we didn't collect during this intake. Being n If any additional paperwork is needed, such as a medical authorization, we will notify you. Additionally, we will contact your employer letting them know that you've filed a claim, however, we will not share the spec that you've reported a claim, you should do so right away.						

Figure 12: Summary/What Happens Next Tab

4 This screen details your next claim steps with your unique claim number. You may now click “Close.”

Thank you for filing your bonding claim! One of our analysts will be in touch with you soon.

Quick Links

Coverage Information

Frequently Asked Questions

Leave Descriptions

Leave Type Definitions

Notes: 500 chars

Show all Notes

Save/Exit

Contact Information

Claim Information

Provider Details

Employer Information

Insurance Information

Customer Specific/Claim Creation

Summary/What happens next

Last saved: 4/11/2023, 2:35:38 PM

Claim Information

What is or will be your first day absent from work?

☒ Unknown

Can you tell us why you will be absent from work?

Care of a Family Member

Care of a Family Member relationship:

---Select---

Relationship Details

Family Member's First Name:

Family Member's Last Name:

Date of Birth:

Have you taken leave for this same reason in the past year?

☐ Yes
☐ No

What was or will be your last day worked?

Will your first day absent be a full day or a partial day?

☐ Partial
☐ Full

What day do you plan to return to work?

☐ Unknown

Catastrophe Indicator:

☐ Yes
☒ No

Below is the time that has been requested:

<<< Prev Month

April 2023

Next Month >>>

March 2023							April 2023							May 2023						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
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12	13	14	15	16	17	18	09	10	11	12	13	14	15	14	15	16	17	18	19	20
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31			
							30													

New Request

Previously Requested Approved, Pending, or Denied Full Day

Previously Requested Approved, Pending, or Denied Partial Day

Previously Requested Canceled Full Day

Previously Requested Canceled Partial Day

Get Details

←

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Figure 13: Claim Information Tab

FOR CARE OF A FAMILY MEMBER

- When prompted, click “Care of a Family Member” from the pull-down menu.
 - Here, you’ll be prompted to choose the Care of a Family Member Relationship. Choose accordingly, then fill in the Relationship Details.
 - The questions highlighted in pink must be answered for you to continue, but it’s okay if the information needs to be changed or updated later. Provide Additional Leave Details if needed.
 - In the same window, you’ll see a question asking the last scheduled day you worked or will work and the planned date of return, please provide accordingly. If unknown, click “Unknown.”
 - For Catastrophe Indicator select “No.” Once complete, click the blue arrow to continue.

Figure 14: Employer Information Tab

2 Input your job title in the box provided, then click the blue arrow to continue.

Figure 15: Customer Specific/Claim Creation Tab

3

- In the Customer Specific/Claim Creation Tab, click “Yes” or “No.”
- Answer any additional questions.
- Click “Submit Claim.” This step will generate your claim number.

Quick Links	Contact Information	Claim Information	Provider Details	Employer Information	Insurance Information	Customer Specific/ Claim Creation	Summary/ What happens next
<u>Coverage Information</u> Frequently Asked Questions Notes: 500 chars Show all Notes Save/Exit	Summary Thank you for filing a claim with us today. i As you have indicated you have taken leave for the same reason in the past year, please add the new absences to existing Statutory Paid Family Leave Number : 3251584 Things to Know i Now that you've filed your claims, there are important things for you to know and do: We will assign an Ability Analyst to your claim. They may ask you for information we didn't collect during this intake. Being responsive is important. If any additional paperwork is needed, such as a medical authorization, we will notify you. Additionally, we will contact your employer letting them know that you've filed a claim, however, we will not share the specific details you've reported a claim, you should do so right away.						

Figure 16: Summary/What Happens Next Tab

4 This screen details your next claim steps with your unique claim number. You may now click “Close.”

Thank you for filing your Care of a Family Member claim! One of our analysts will be in touch with you soon.

Quick Links

Coverage Information

Frequently Asked Questions

Leave Descriptions

Leave Type Definitions

Notes: 500 chars

Show all Notes

Save/Exit

Contact Information

Claim Information

Provider Details

Employer Information

Insurance Information

Customer Specific Claim Creation

Summary/What happens next

Claim Information

What is or will be your first day absent from work?

☒ Unknown

Can you tell us why you will be absent from work?

Employee's own illness

Do any of these apply?

---Select---

What is the medical reason you're going to be absent from work?

---Select---

Have you had or are you planning to have surgery/procedure for this condition?

☐ Yes
☐ No
☐ Unknown

Is your condition the result of an accident/injury?

☐ Yes
☐ No
☐ Unknown

Do you consider your condition work related?

☐ Yes
☐ No
☐ Unknown

Are there any other conditions that may impact this absence such as:
(Only select condition(s) that are not the same as the medical reason)

☐ None
☐ Diabetes
☐ Hypertension
☐ Asthma/Bronchitis
☐ Autoimmune Disease
☐ Heart Disease
☐ Arthritis
☐ Psoriasis
☐ Other

What was or will be your last day worked?

Will your first day absent be a full day or a partial day?

☐ Partial
☐ Full

What day do you plan to return to work?

☐ Unknown

Are you receiving, awaiting a decision or intending to apply for any additional income benefits?

☐ Yes
☐ No

Are you employed elsewhere?

☐ Yes
☐ No
☐ Unknown

Catastrophe Indicator:

☐ Yes
☒ No

Does the job require lifting and/or carrying?

☐ Yes
☐ No

Does the job require sitting?

☐ Yes
☐ No

Does the job require pushing and/or pulling?

☐ Yes
☐ No

Does the job require performing repetitive or short cycled work?

☐ Yes
☐ No

Does the job require operating hand or foot controls?

☐ Yes
☐ No

Does the job require reaching and/or working overhead?

☐ Yes
☐ No

Does the job require operating a vehicle or machine?

☐ Yes
☐ No

Does the job require directing/controlling/planning the activities of others?

☐ Yes
☐ No

Physical Demand

Sedentary

5-Sedentary Work - Exerting up to 10 pounds of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Below is the time that has been requested:

<<< Prev Month

April

2023

Next Month >>>

March 2023

April 2023

May 2023

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New Request

Previously Requested Approved, Pending, or Denied Full Day

Previously Requested Approved, Pending, or Denied Partial Day

Previously Requested Canceled Full Day

Previously Requested Canceled Partial Day

Get Details

Figure 17: Claim Information Tab

FOR EMPLOYEE'S OWN ILLNESS

- When prompted, click "Employee's Own Illness" from the pull-down menu.

- Here, you'll be prompted to choose from multiple pull-down menus. Choose accordingly, then fill out the rest of the boxes. Other boxes may display based on previous selections, fill out these boxes accordingly.
- The questions highlighted in pink must be answered for you to continue, but it's okay if the information needs to be changed or updated later.
- Some selections will generate the ICD Selector Screen shown below, select the appropriate ICD and click "Save." If unknown, select "Other."

Figure 18: ICD Selector Screen

2 Answer the Provider Details questions to the best of your ability.

Figure 19: Provider Details Tab

3 Once everything has been filled out, click the blue arrow in the bottom right corner to continue.

Figure 20: Employer Information Tab

4 Input your job title in the box provided, then click the blue arrow to continue.

Figure 21: Insurance Information Tab

- 5**
- Select your health insurance carrier.
 - Select the Consent Method.
 - Click Complete Medical Authorization Now to provide your authorization to obtain medical information. This will help expedite your claim.

Please Complete & Sign

Please read the [Electronic Record and Signature Disclosure](#)

☐ I agree to use electronic records and signatures.

CONTINUE **OTHER ACTIONS**

Administration), insurers, employers, financial institutions, educational institutions, health plans, health insurance carriers, policyholders, contract holders, vendors, health and benefit insurers and administrators or their successors ("Records Holders") to give to and discuss with The Hartford and its representatives, the following personal, private, or privileged information, records, or documents related to:

Insured's Name (Please Print) Date of Birth Employer/Policyholder's Name:

Any and all medical information or records, including medical histories, physical, mental, or diagnostic examinations, pharmaceutical records, and treatment notes, and including information regarding HIV/AIDS, communicable diseases, alcohol or substance abuse, and behavioral or mental health (but excluding psychotherapy notes); work and performance information and history, including job duties and earnings; information on any insurance coverage and claims filed; and all records and information related to such insurance and claims. Financial information: bank, investment, and other financial records.

Finish Later

Help & Support

About DocuSign

View History

View Certificate (PDF)

View Electronic Record and Signature Disclosure

Session Information

Figure 22: Medical Authorization Form

6 Follow the prompts to complete the form, click "Continue."

CIT Acknowledgement **Contact Information** **Notifications Preferences** **Claim Information** **Clinical Information** **Provider Details** **Employer Information** **Insurance Information** **Customer Specific/Claim Creation** **Summary/What happens next**

Customer Specific

Have you previously worked for your current employer as a temporary or contracted employee? ☐ Yes ☐ No

If we have questions once the paperwork is received, we would like your permission to contact the health care provider or entity supporting your leave. For The Hartford to do this we need you to provide us a verbal authorization. The easiest way to do this is on the phone at the end of this call. Would you like to do that? ☐ Yes ☐ No

i You are not able to use your paid employer sponsored leave plans such as annual leave, sick leave, personal leave, compensatory hours, and other paid time off and file a FMLI claim for benefits with T

Have you requested or plan to use these paid benefits for the dates you are filing for FMLI? ☐ Yes ☐ No

If yes, please provide the dates:

i Thank you for filing a Family and Medical Leave Insurance claim (PFMU) for benefits. We need to inform you that you are not permitted to use PTO and file a claim for benefits for the same period of th offers unpaid job protection for qualifying family and medical leaves from work. Your employer has asked that you contact your Leave Management Unit (LMU) to immediately notify them of your intent PTO. You must contact the LMU Team and speak with a Leave Management Specialist at 1-866-828-1745 or via email at DHR.LeaveManagementUnit@Vermont.gov. Your employer will be verifying you

☒ State Paid Family Leave

Figure 23: Customer Specific Tab

- ## 7
- In the Customer Specific/Claim Creation Tab, click "Yes" or "No."
 - Answer any additional questions.
 - Click "Submit Claim." This step will generate your claim number.

Questions

500 char

Contact Information

Claim Information

Provider Details

Employer Information

Insurance Information

Customer Specific/ Claim Creation

Summary/ What happens next

Summary

Thank you for filing a claim with us today.

Below is the claim number(s) along with a summary of the information you provided.

Short Term Disability Core Claim Number : 3254067

Short Term Disability Buy Up Claim Number : 3254069

Things to Know

Now that you've filed your claims, there are important things for you to know and do:

We will assign an Ability Analyst to your claim. They may ask you for information we didn't collect during this intake. Being responsive can help us process your claim faster.

If any additional paperwork is needed, such as a medical authorization, we will notify you.

Additionally, we will contact your employer letting them know that you've filed a claim, however, we will not share the specific reason for the claim with your employer. If you haven't told your employer that you've reported a claim, you should do so right away.

We will also handle your Statutory Disability Benefits. This means you don't need to apply for the benefit with the state.

←

Close

Figure 24: Summary/What Happens Next Tab

8 This screen details your next claim steps with your unique claim number. You may now click “Close.” (Please note that the portal will refer to your medical leave claim as a short-term disability claim.)

Thank you for filing your Employee’s Own Illness claim! One of our analysts will be in touch with you soon.

Business Insurance
Employee Benefits
Auto
Home

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford’s legal notice at www.TheHartford.com. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. The Hartford provides administrative and claim services for employer leave of absence programs and self-funded disability benefit plans. © 2023 The Hartford

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