VERMONT

VERMONT FAMILY AND MEDICAL LEAVE INSURANCE (FMLI)

YOUR GUIDE TO FILING A CLAIM

THE HARTFORD

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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.

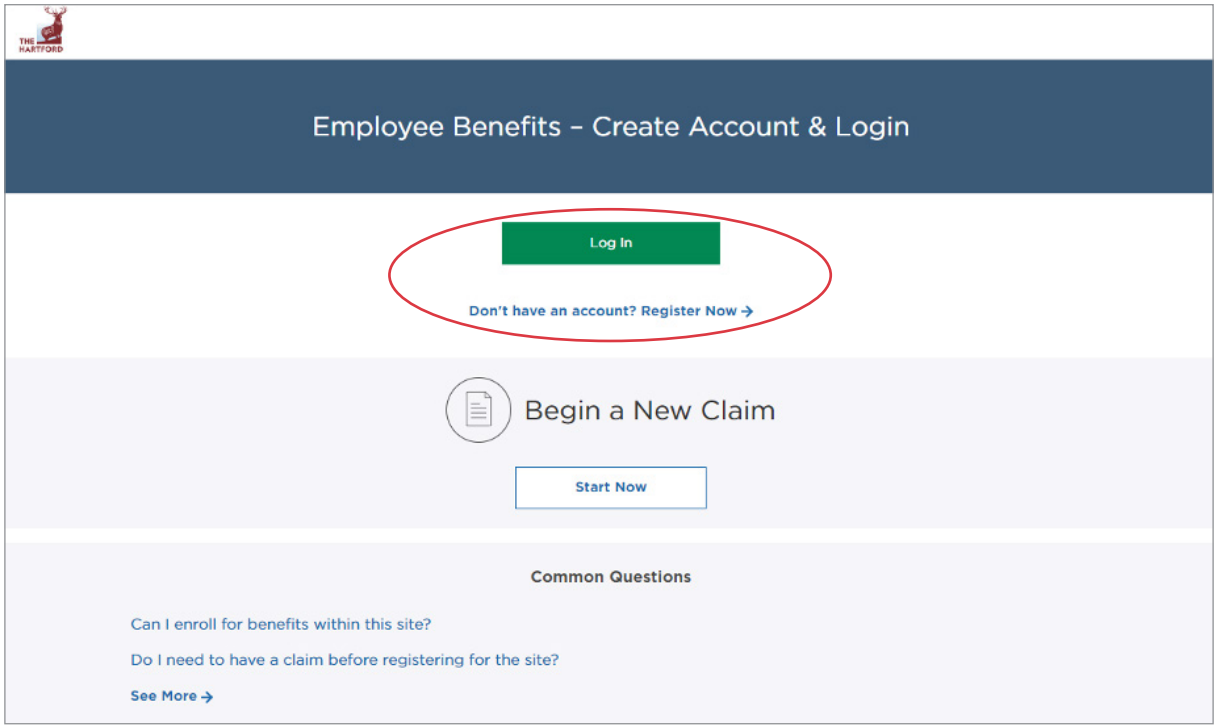

Figure 1: Create Account & Login Screen

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.

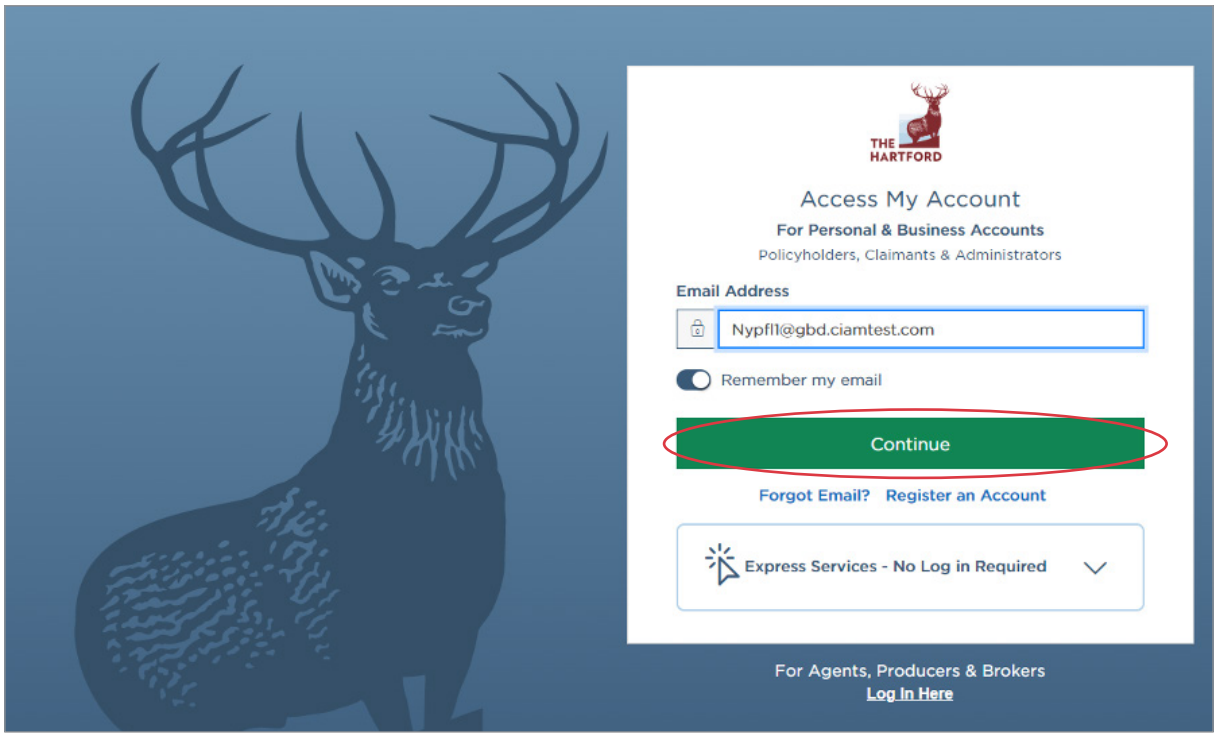

Figure 2: Access My Account Login Screen

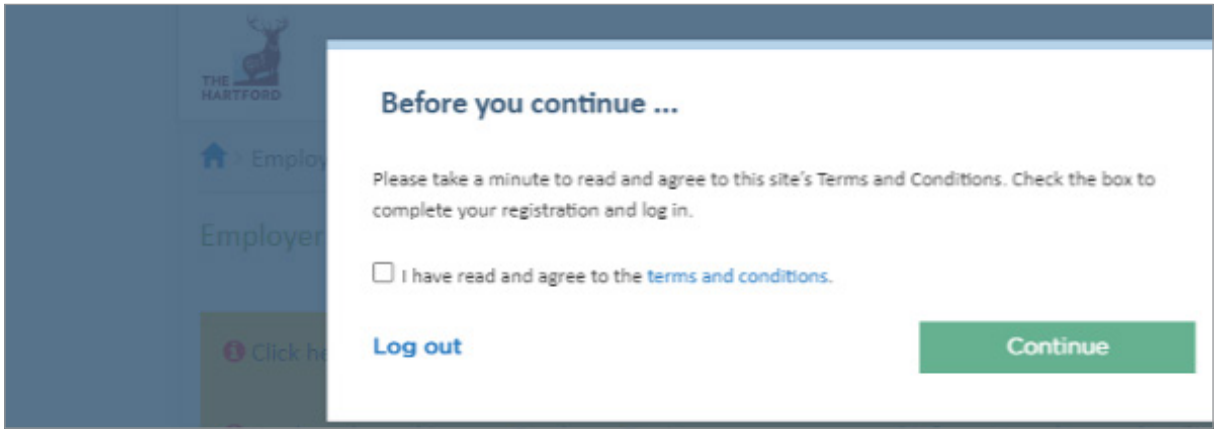

Figure 3: Terms & Conditions Screen

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."

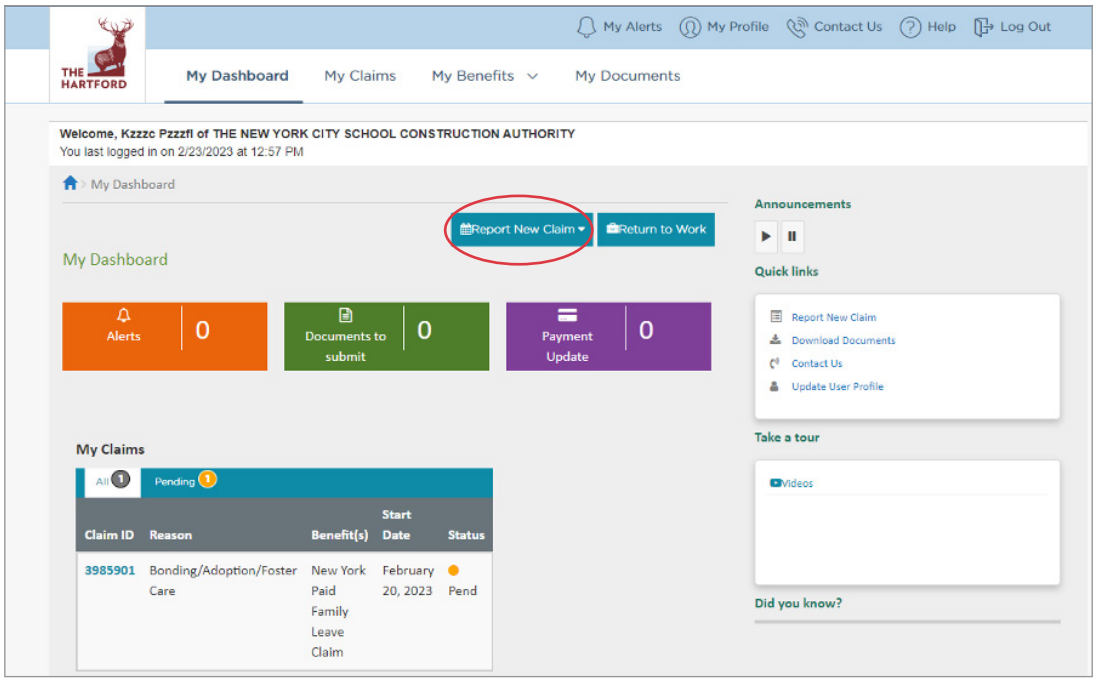

Figure 4: User Account Dashboard Screen

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."

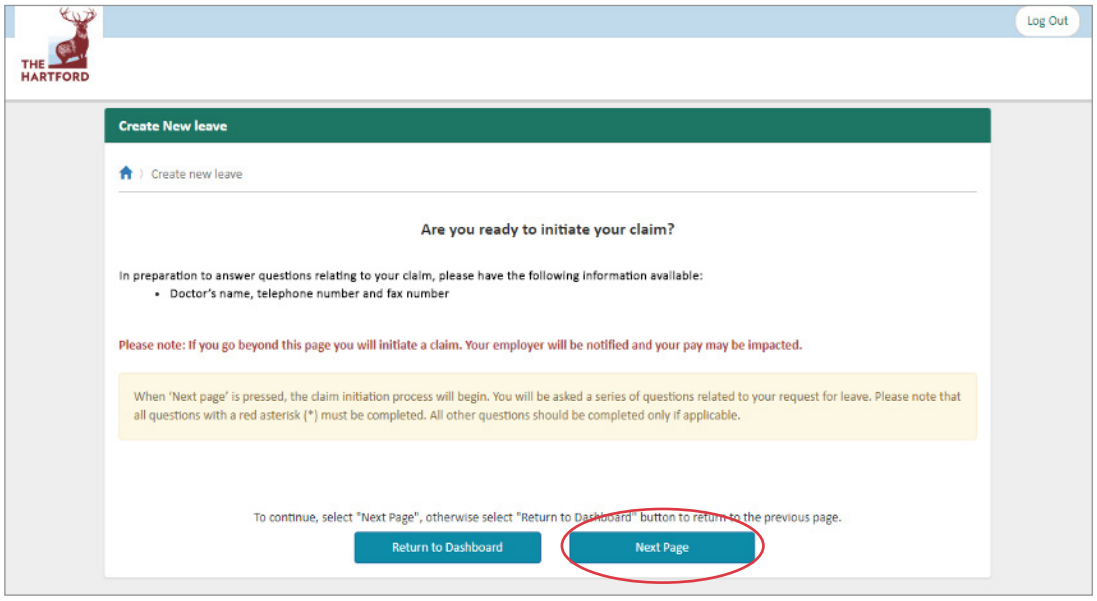

Figure 5: Create New Leave Screen

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."

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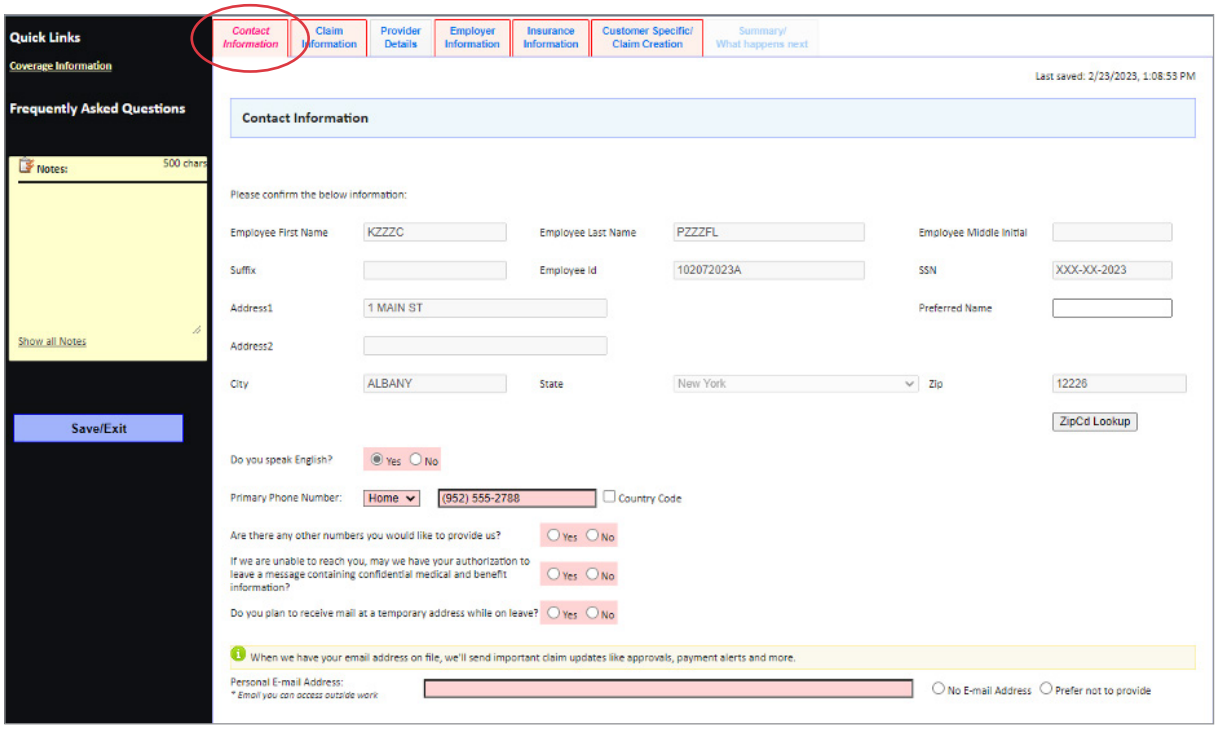

Figure 6: Contact Information Tab

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.

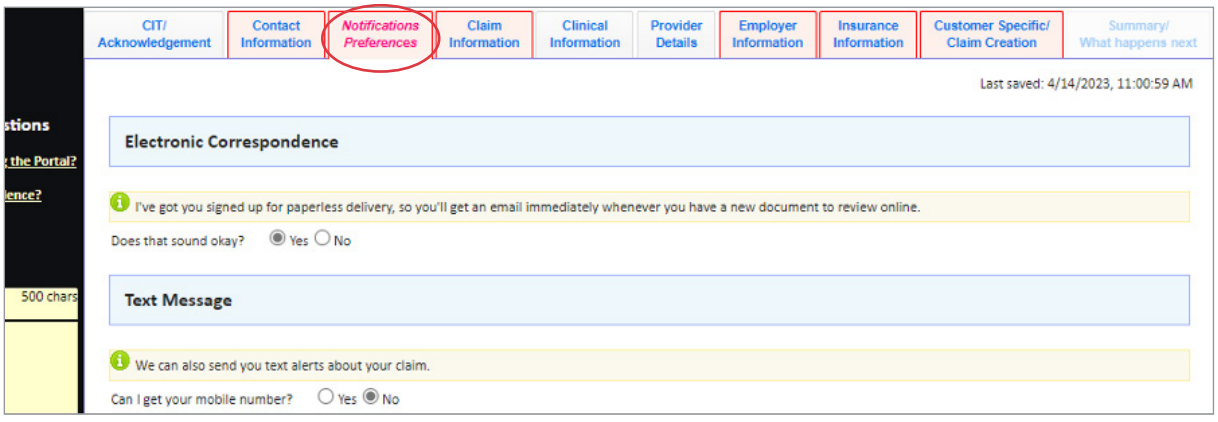

Figure 7: Notification Preferences Tab

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.

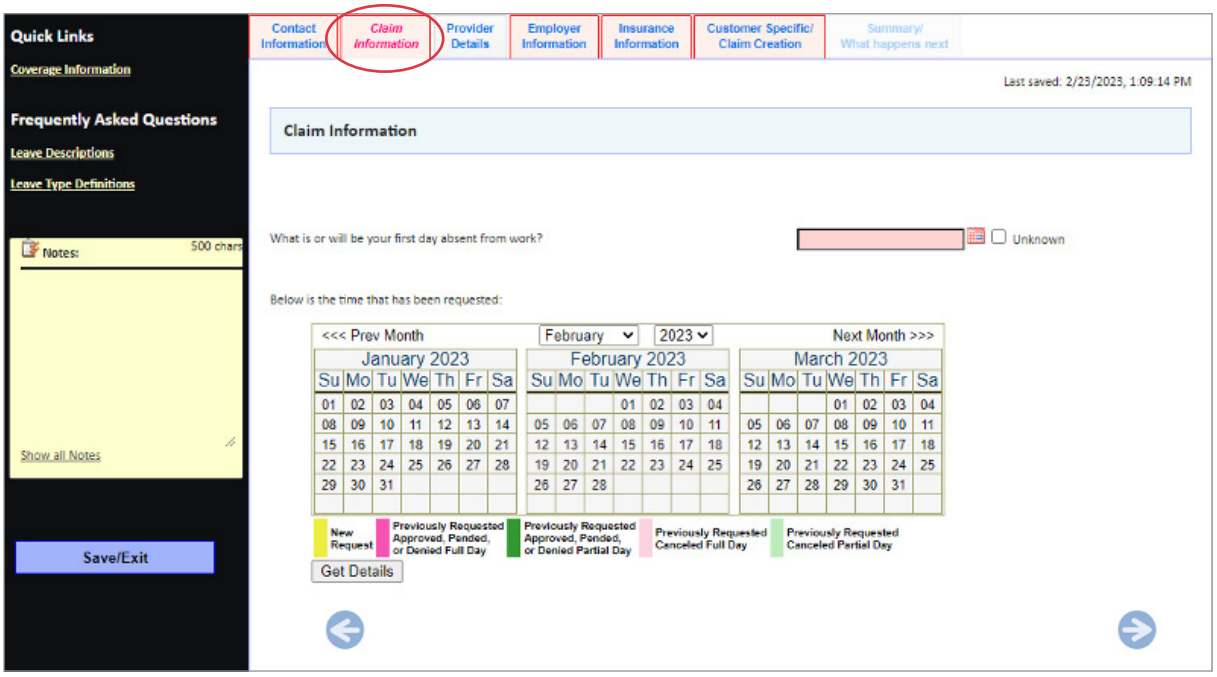

Figure 8: Claim Information Tab

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.

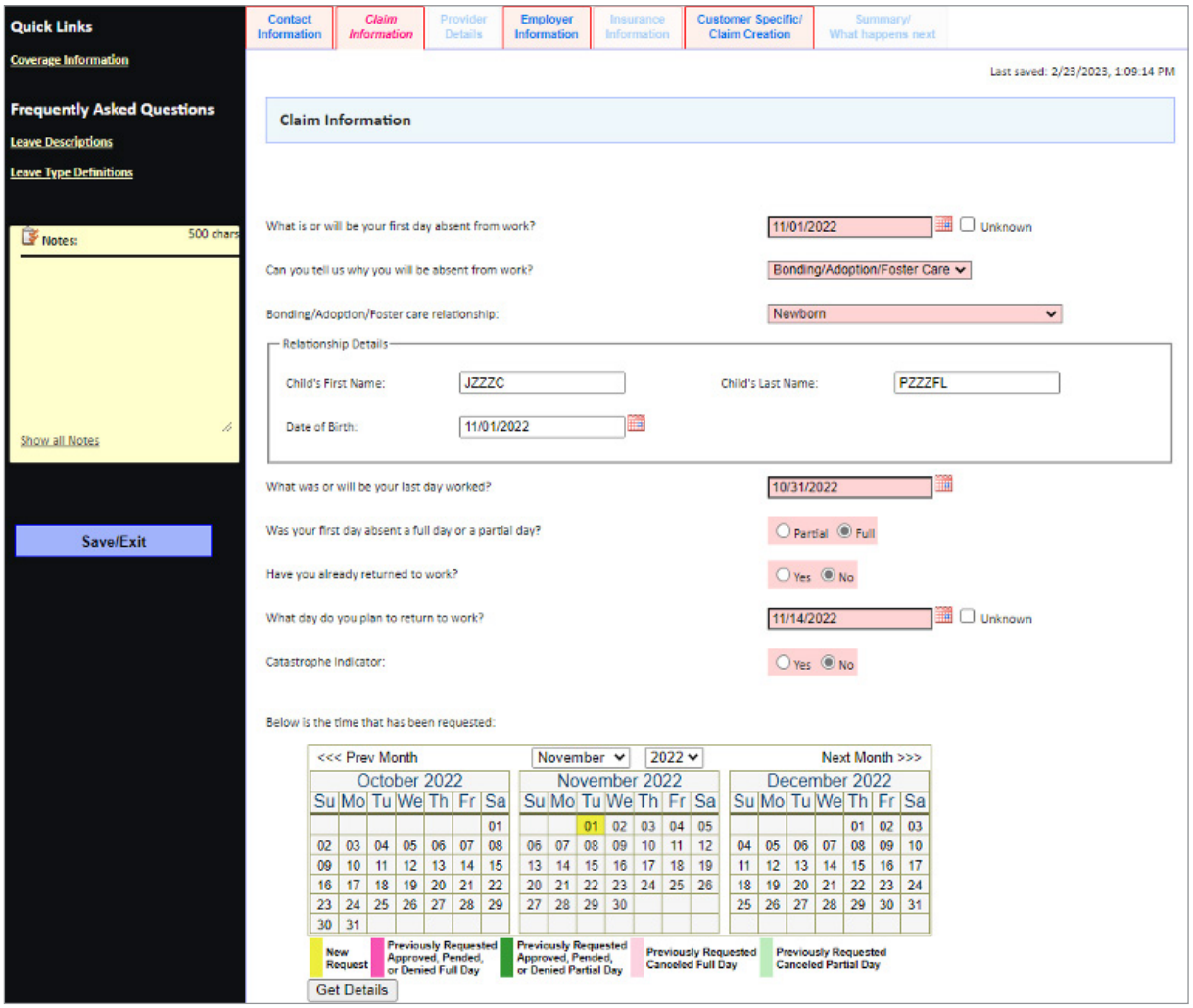

Figure 9: Claim Information Tab

FOR BONDING/ADOPTION/FOSTER CARE

1

- 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."

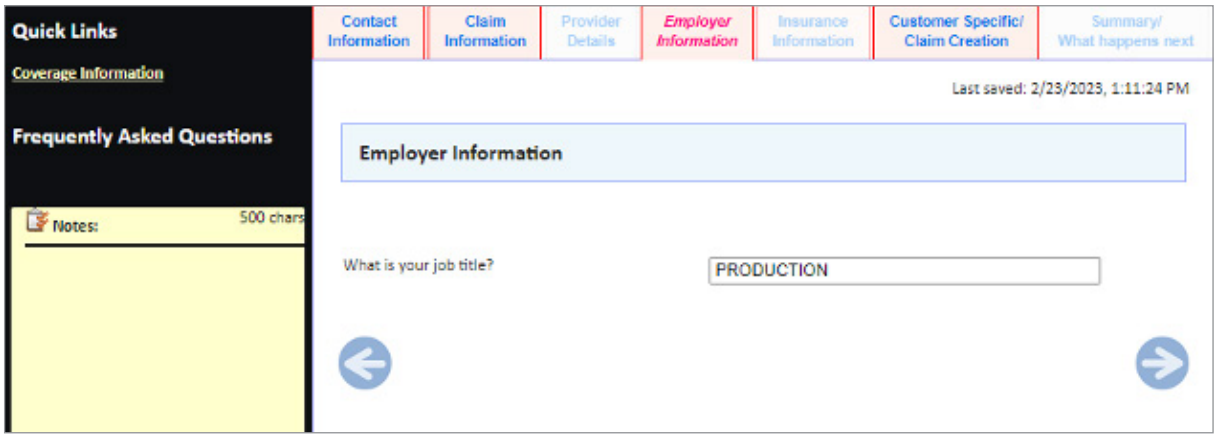

Figure 10: Employer Information Tab

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

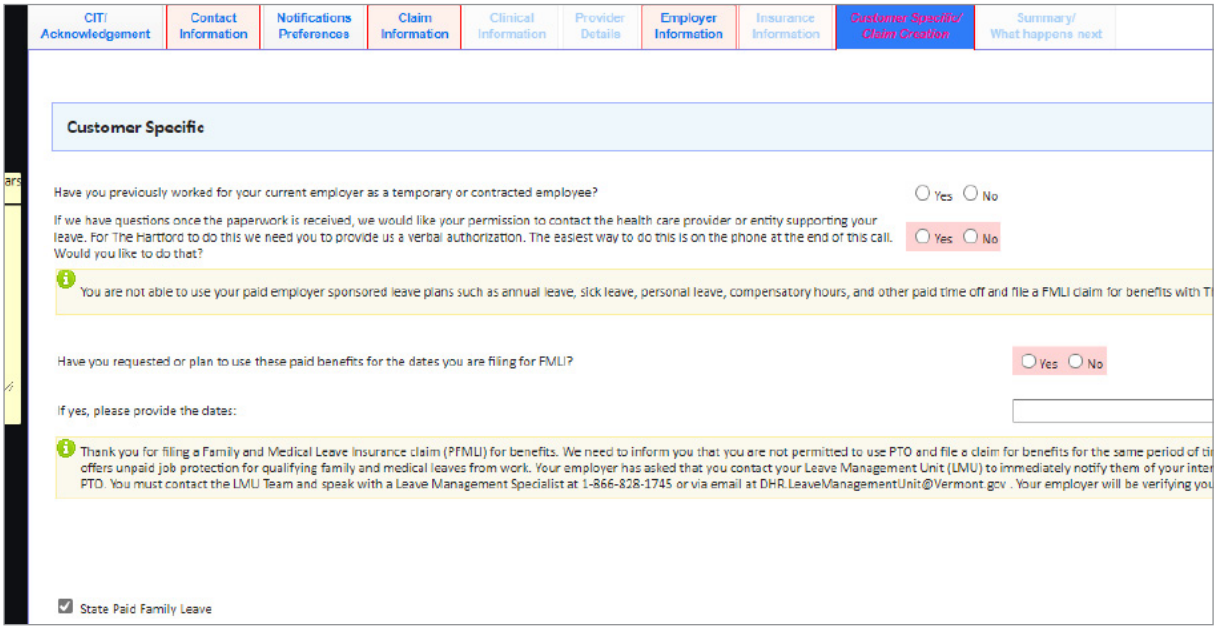

Figure 11: Customer Specific/Claim Creation Tab

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.

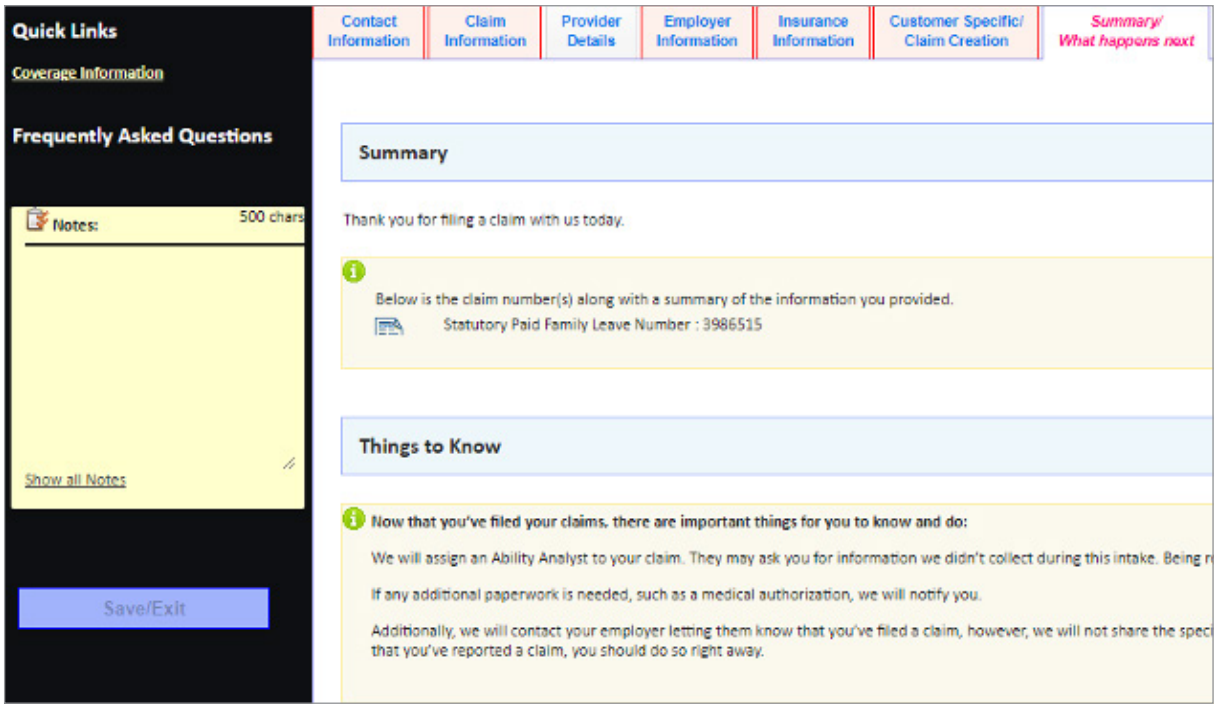

Figure 12: Summary/What Happens Next Tab

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.

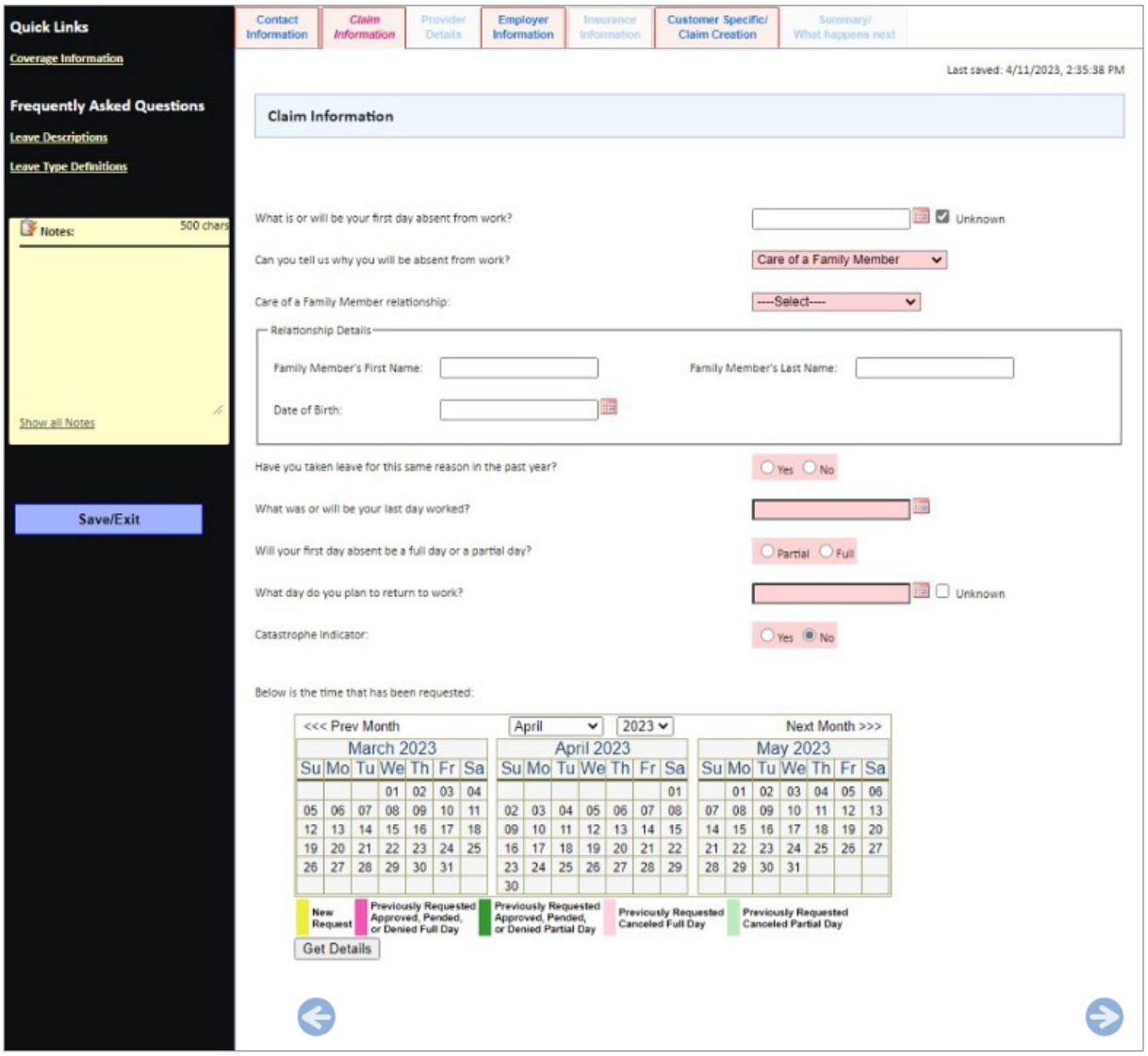

Figure 13: Claim Information Tab

FOR CARE OF A FAMILY MEMBER

1

- 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.

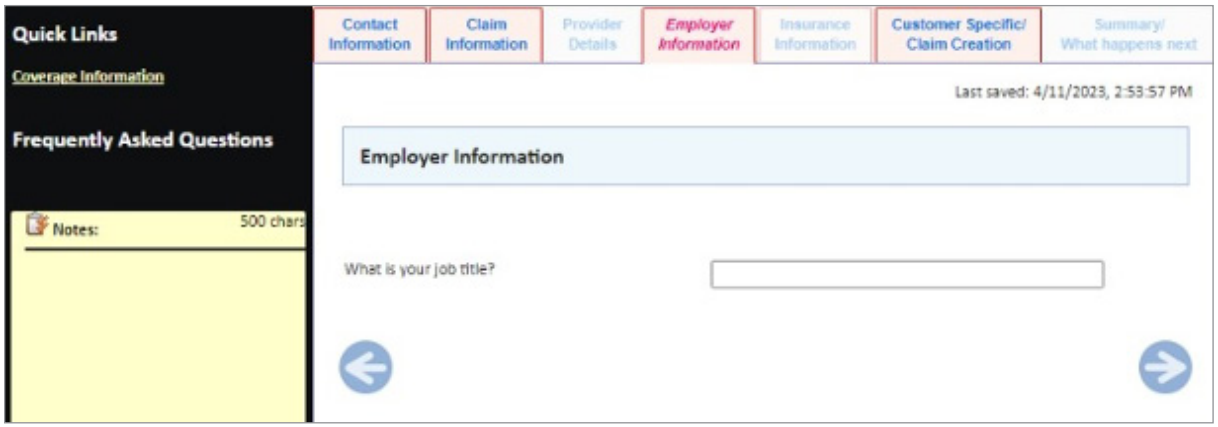

Figure 14: Employer Information Tab

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

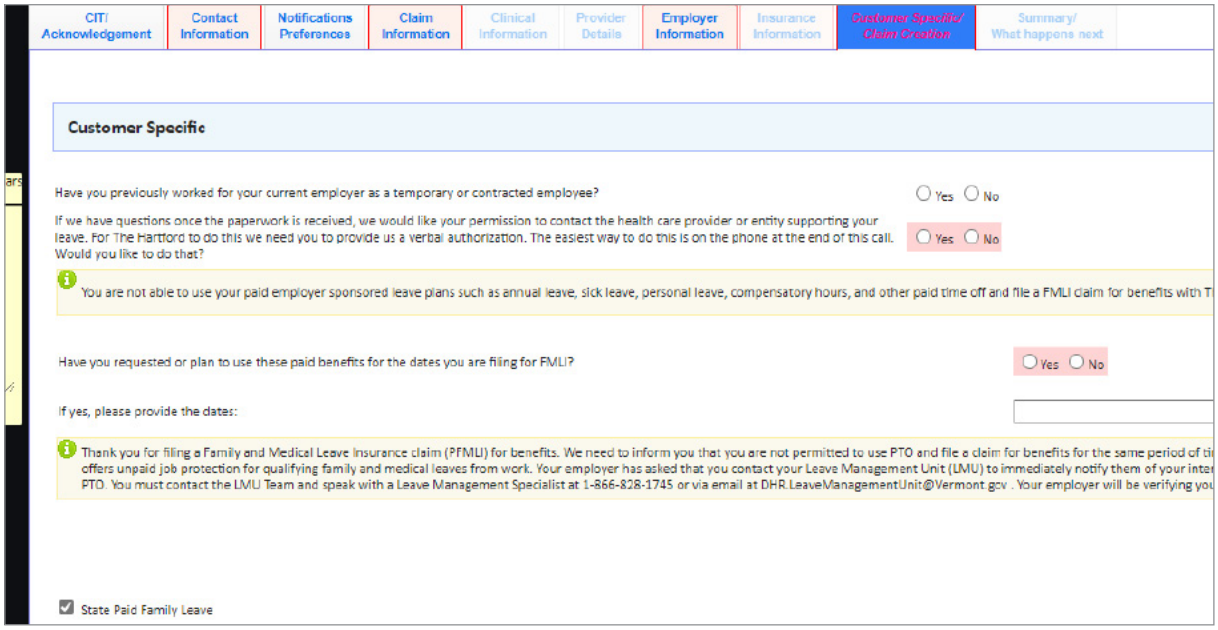

Figure 15: Customer Specific/Claim Creation Tab

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.

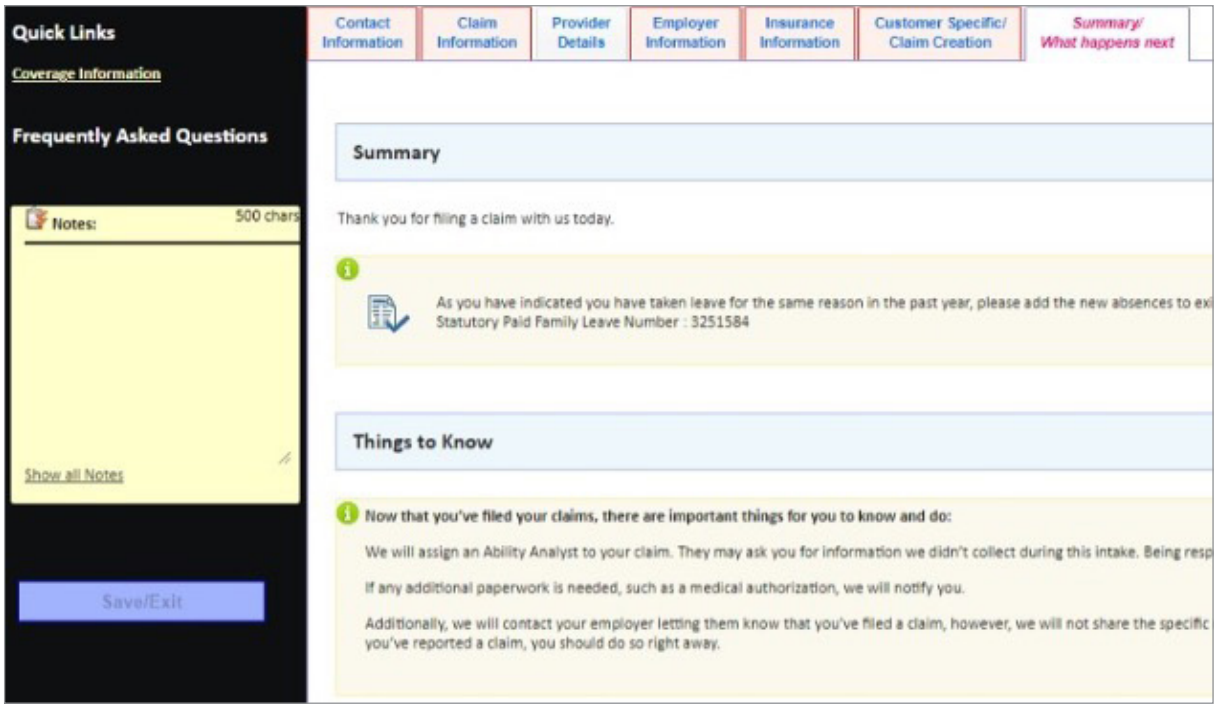

Figure 16: Summary/What Happens Next Tab

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.

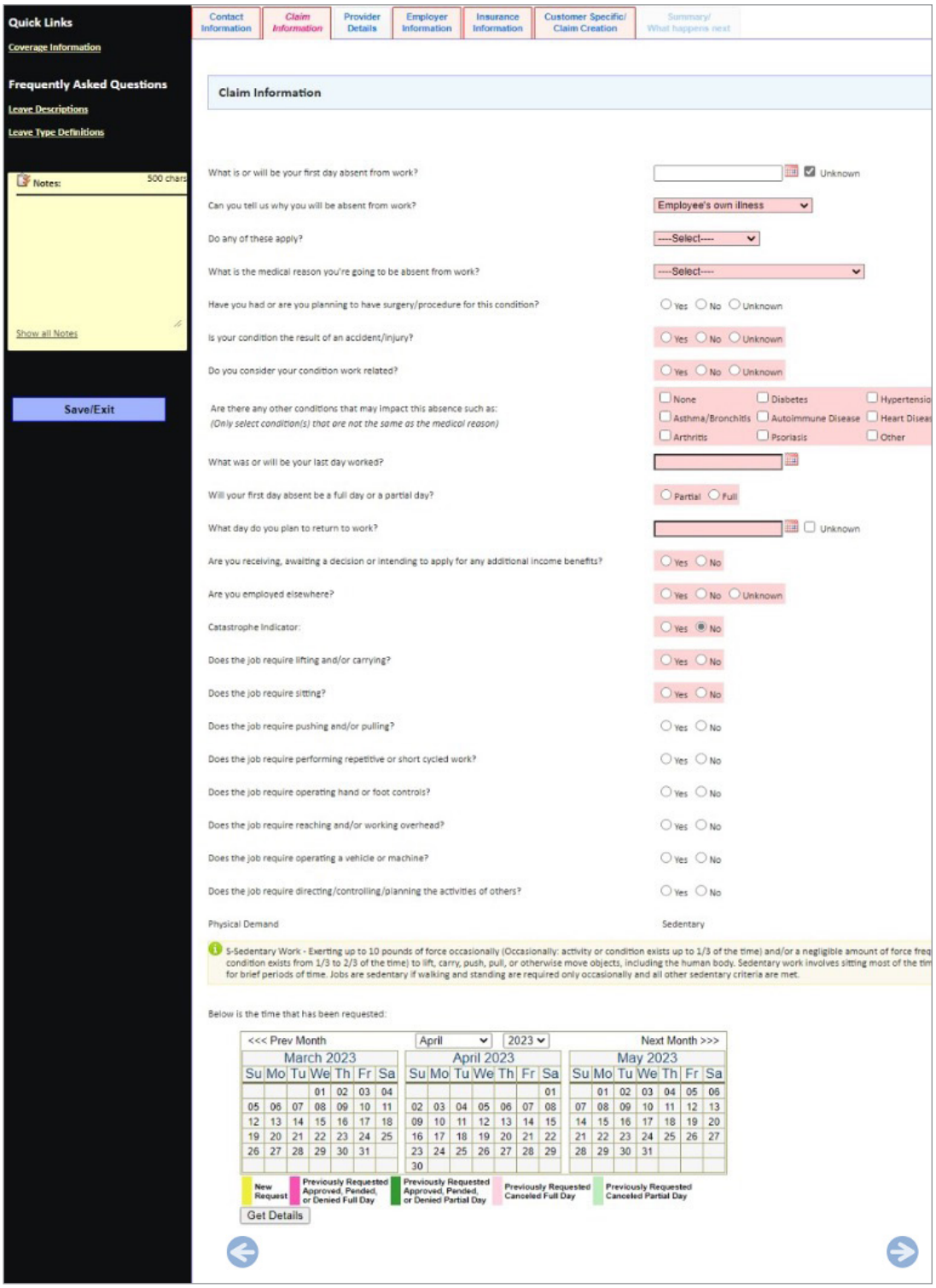

Figure 17: Claim Information Tab

FOR EMPLOYEE'S OWN ILLNESS

1 • 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."

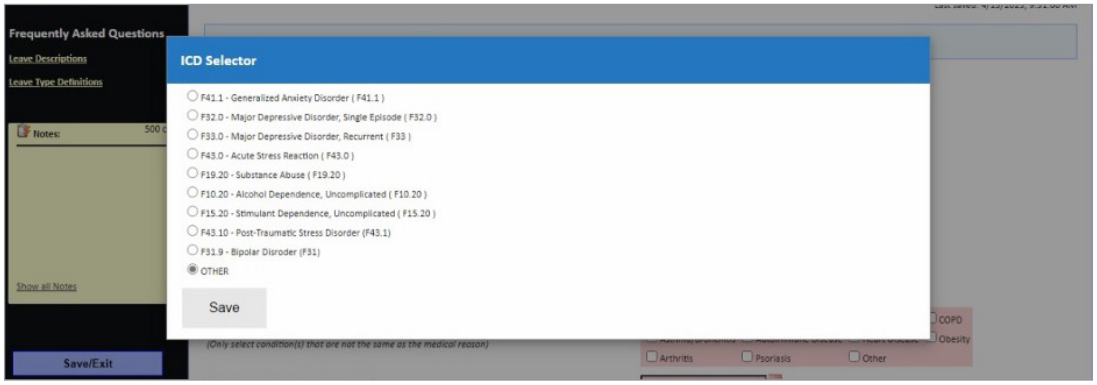

Figure 18: ICD Selector Screen

2

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

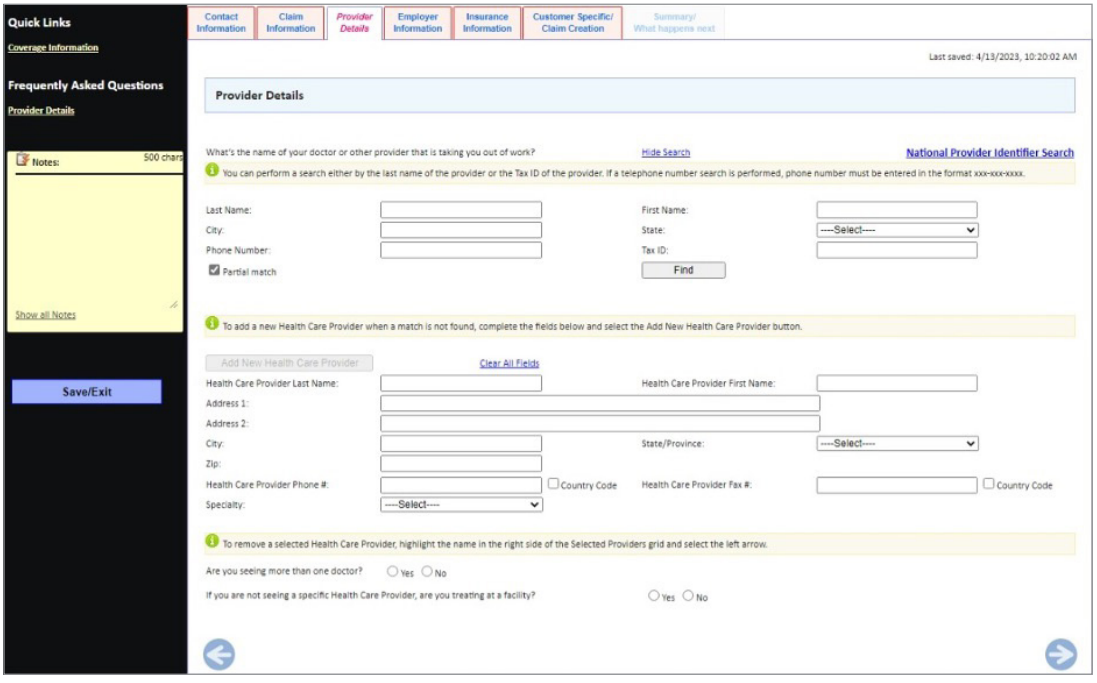

Figure 19: Provider Details Tab

3

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

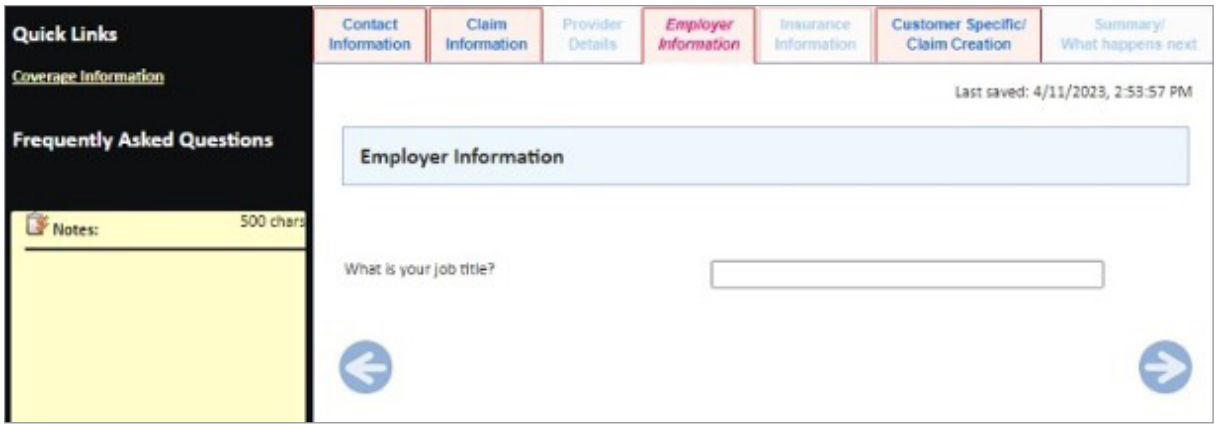

Figure 20: Employer Information Tab

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

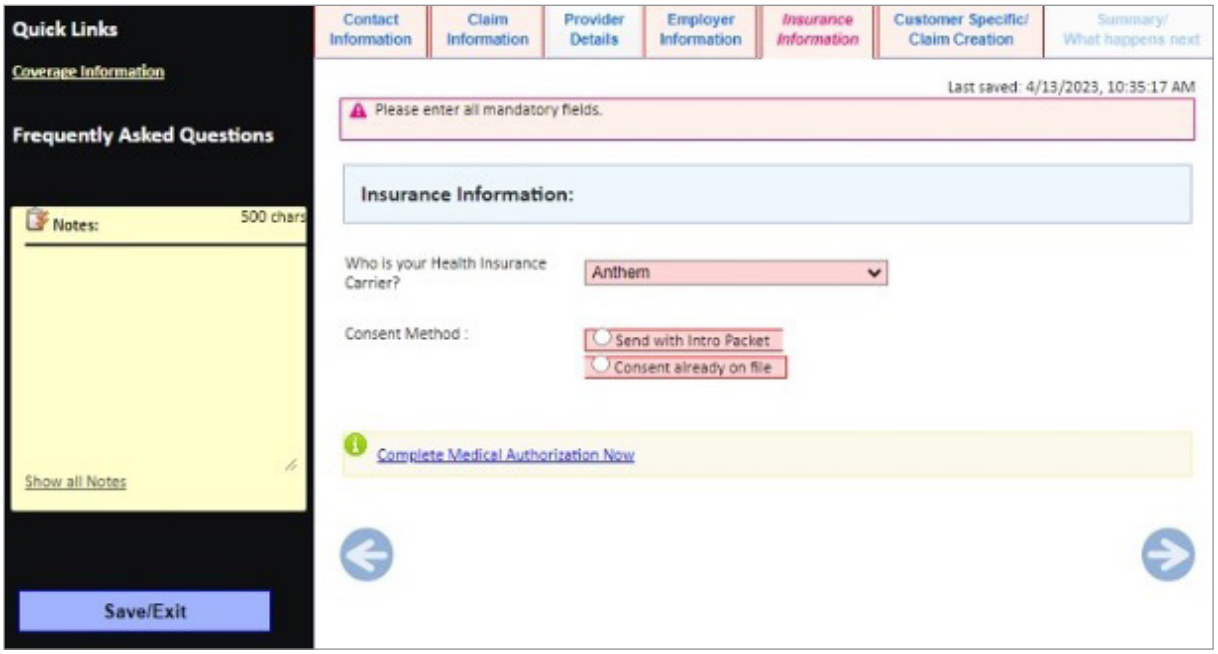

Figure 21: Insurance Information Tab

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.

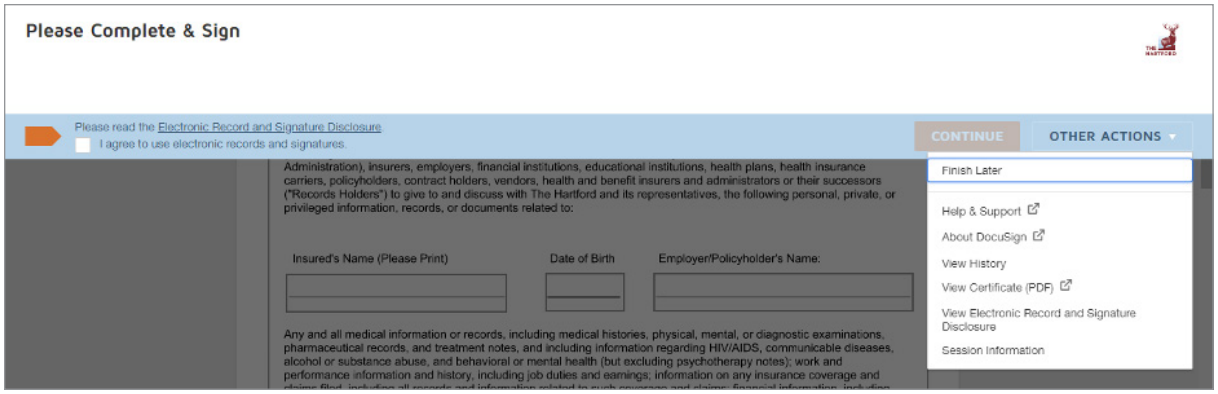

Figure 22: Medical Authorization Form

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

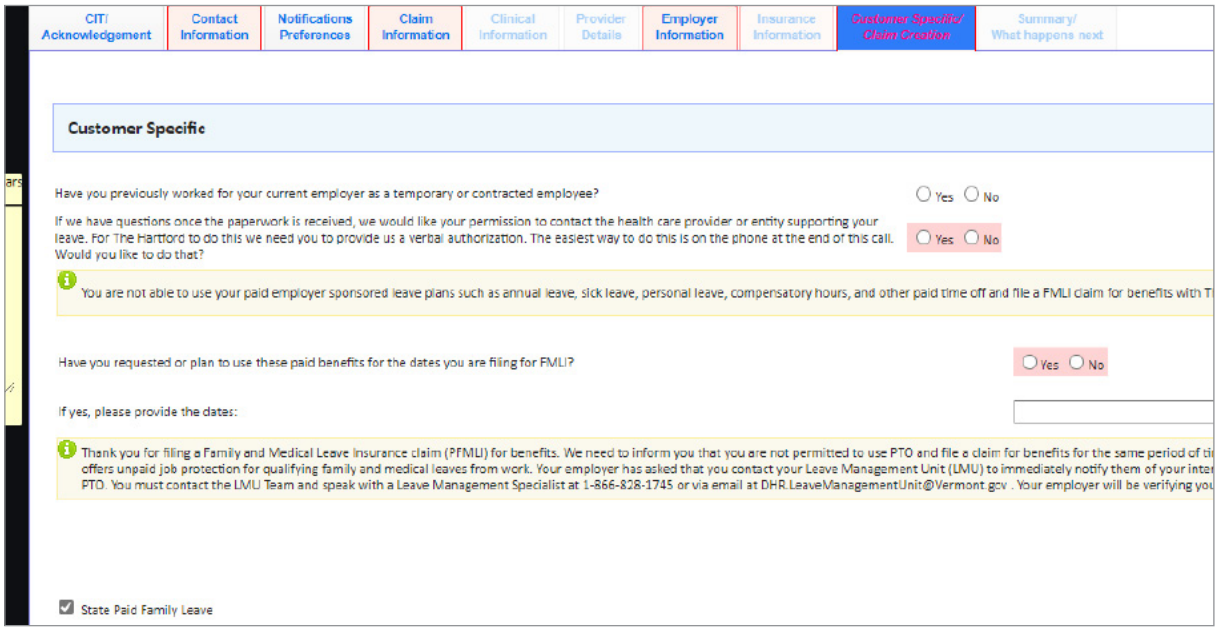

Figure 23: Customer Specific Tab

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.

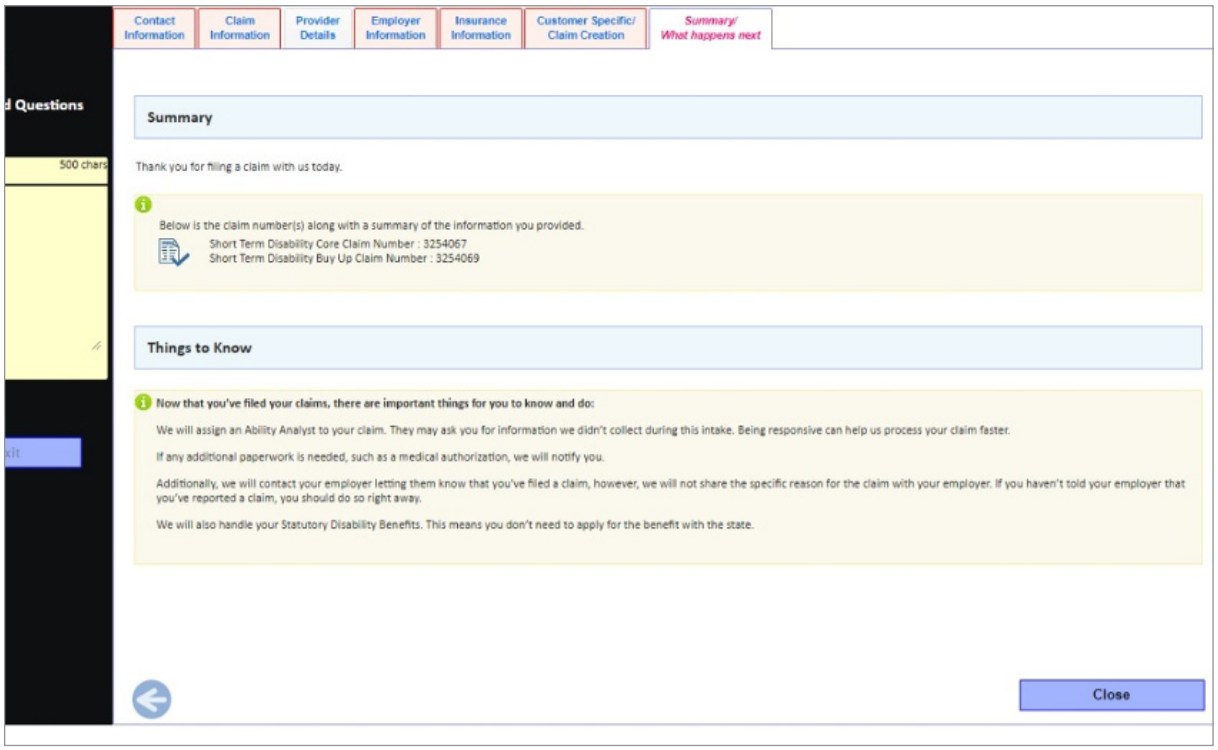

Figure 24: Summary/What Happens Next Tab

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.

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Business Insurance
Employee Benefits
Auto
Home

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