

# EMPLOYEE USER GUIDE

**THE HARTFORD'S ABILITY ADVANTAGE**



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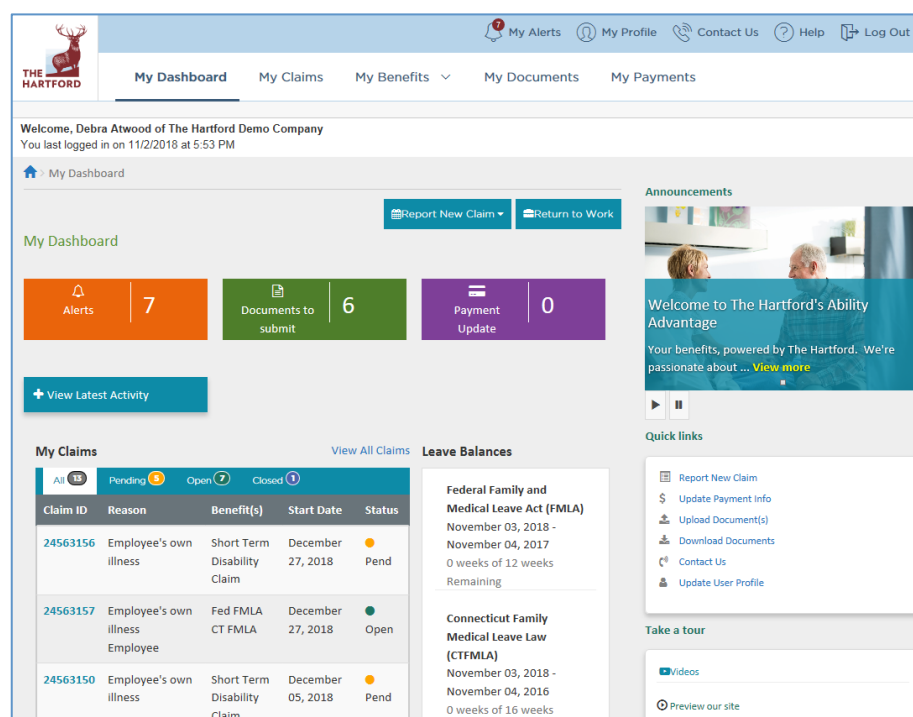
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Your benefits with The Hartford include disability insurance, which replaces a percentage of your income in case you can't work. Thanks for trusting us to bring you this important coverage.

We've made it easier than ever to access your disability benefits with The Hartford's Ability Advantage. It's a one-stop, secure portal that lets you manage your disability claims online – through your phone, laptop or tablet.

This guide will give you tips on how to start a claim, personalize your claim payments, schedule a call, and much more. It all adds up to a simpler customer experience.

Our website makes it easy to access your claims. You get online access to claims information, status updates and more. And with a mobile responsive design, you can use these features anywhere and at any time.



The screenshot shows the user interface of the portal. At the top, there are navigation links: My Alerts, My Profile, Contact Us, Help, and Log Out. Below this is a secondary navigation bar with My Dashboard, My Claims, My Benefits, My Documents, and My Payments. The main content area includes a welcome message for Debra Atwood, a 'My Dashboard' section with three cards for Alerts (7), Documents to submit (6), and Payment Update (0), and a 'View Latest Activity' button. There is also an 'Announcements' section with a video player and a 'Quick links' section with buttons for Report New Claim, Update Payment Info, Upload Document(s), Download Document(s), Contact Us, and Update User Profile. A 'Take a tour' section with a video player is also visible.

| Claim ID | Reason                             | Benefit(s)                  | Start Date        | Status |
|----------|------------------------------------|-----------------------------|-------------------|--------|
| 24563156 | Employee's own illness             | Short Term Disability Claim | December 27, 2018 | Pend   |
| 24563157 | Employee's own illness<br>Employee | Fed FMLA<br>CT FMLA         | December 27, 2018 | Open   |
| 24563150 | Employee's own illness             | Short Term Disability Claim | December 05, 2018 | Pend   |

### Here are some features you may be able to use within the portal\*:

- Get a claim status
- Take action through online alerts
- View copies of letters and forms
- Complete and sign forms online
- View and print copies of pay stubs
- Sign up for direct deposit or request a prepaid debit card
- View and print copies of your tax forms (1099, W2)
- Report a new claim or leave\*\*
- Add time to intermittent leave
- Tell us you returned to work
- Contact The Hartford and receive an email response
- Schedule a call with your claims analyst

\* Your employer may not offer all of these options.

\*\*Your employer will be notified of your request for leave.

# MY DASHBOARD

The employee dashboard contains a snapshot of all of the important details:

- Most recent updates are provided through alerts.
- Electronically complete and sign important documents.
- Upload scanned copies of required forms.
- Latest activities, along with a diary of all activities.
- Claim status and access to claim details.
- Report a new claim or a return to work.
- Quickly contact The Hartford in writing or schedule a call back.
- Payments and other benefits.
- Copies of letters and other important forms.

**THE HARTFORD** My Alerts My Profile Contact Us Help Log Out

My Dashboard My Claims My Benefits My Documents My Payments

Welcome, Debra Atwood of The Hartford Demo Company  
You last logged in on 11/2/2018 at 5:53 PM

My Dashboard

Report New Claim Return to Work

My Dashboard

Alerts 7 Documents to submit 6 Payment Update 0

View Latest Activity

**My Claims** View All Claims **Leave Balances**

| Claim ID | Reason                             | Benefit(s)                  | Start Date        | Status |
|----------|------------------------------------|-----------------------------|-------------------|--------|
| 24563156 | Employee's own illness             | Short Term Disability Claim | December 27, 2018 | Pend   |
| 24563157 | Employee's own illness<br>Employee | Fed FMLA<br>CT FMLA         | December 27, 2018 | Open   |
| 24563150 | Employee's own illness             | Short Term Disability Claim | December 05, 2018 | Pend   |

**Federal Family and Medical Leave Act (FMLA)**  
November 03, 2018 - November 04, 2017  
0 weeks of 12 weeks Remaining

**Connecticut Family Medical Leave Law (CTFMLA)**  
November 03, 2018 - November 04, 2016  
0 weeks of 16 weeks

**Announcements**

Welcome to The Hartford's Ability Advantage  
Your benefits, powered by The Hartford. We're passionate about ... [View more](#)

**Quick links**

- Report New Claim
- Update Payment Info
- Upload Document(s)
- Download Documents
- Contact Us
- Update User Profile

**Take a tour**

- Videos
- Preview our site

**Make it easy on yourself.**

Visit [www.abilityadvantage.thehartford.com](http://www.abilityadvantage.thehartford.com) to register and start using today.

# MY CLAIMS

Real-time access to claim details:

- Claim status.
- Approval dates.
- Plan details.
- Payment details, including explanation of benefits when The Hartford is issuing the payment.
- A listing of providers The Hartford is working with.
- Workers' compensation carrier integration.
- Details of a vocational rehabilitation program.
- A listing of offsets and deductions from benefit payments.
- Appeal status.
- Quick access to important tasks and a diary of events.
- Quickly report a new claim or a return to work.

THE HARTFORD

My Alerts My Profile Co

My Dashboard **My Claims** My Benefits My Documents My Payments

Welcome, Debra Atwood of The Hartford Demo Company  
You last logged in on 11/3/2018 at 5:18 PM

My Claims

[Add Time To an Existing Leave](#)
[Report New Claim](#)
[Return to Work](#)

Debra Atwood Claims

All 13
Pending 5
Open 7
Closed 1

| Claim ID | Reason                             | Benefit(s)                  | Start Date - Through Date            | Status | Claim Representative                               |
|----------|------------------------------------|-----------------------------|--------------------------------------|--------|--|
| 24563156 | Employee's own illness             | Short Term Disability Claim | December 27, 2018- NA                | Pend   | LIM, CHRISTINE                                     |
| 24563157 | Employee's own illness<br>Employee | Fed FMLA<br>CT FMLA         | December 27, 2018- December 31, 2018 | Open   | THE HARTFORD<br>DISABILITY AND LEAVE<br>MANAGEMENT |
| 24563150 | Employee's own illness             | Short Term Disability Claim | December 05, 2018- NA                | Pend   | LEACH, PAUL  |

Claim Details **Health Care Provider** Vocational Rehabilitation Workers' Compensation  
 Offsets and Deductions Appeals

| Status | Provider Name | Phone          | Fax            |
|--------|---------------|----------------|----------------|
| Active | SMITH, CARLOS | (203) 999-9999 | (203) 999-9998 |
| Active | SMITH, JOHN   | (609) 924-8131 | (609) 924-8532 |
| Active | Smitha, John  | (404) 616-4838 |                |

Last provider contact date: **August 02, 2018**

Claim Details Health Care Provider **Vocational Rehabilitation** Workers' Compensation  
 Offsets and Deductions Appeals

Vendor Service Initiated: Service Requested: **Vocational Management**

Other: **Arthritis Management**

**Retraining Program**

|               |                              |                              |                       |
|---------------|------------------------------|------------------------------|-----------------------|
| School name:  | <b>Jones Rehab</b>           | Start Date:                  | <b>March 30, 2017</b> |
| Phone Number: | <b>5175551122</b>            | Contact:                     | <b>Bob</b>            |
| Program name: | <b>Arthritis for Seniors</b> | Anticipated Completion Date: | <b>May 01, 2017</b>   |
| Fax Number:   | <b>5175551123</b>            | Anticipated Cost:            | <b>\$650.00</b>       |

Claim Details Health Care Provider Vocational Rehabilitation **Workers' Compensation** Offsets and Deductions Appeals

Status: **Open**  
 Benefits: **Temp Partial**  
 Carrier: **Crawford & Co**  
 Claim Number: **AB156950**

**Workers' Compensation Offsets**

Claim Details Health Care Provider Vocational Rehabilitation Workers' Compensation **Offsets and Deductions** Appeals

**Offsets**

| Effective date | End Date       | Offset Description         | Offset Type          | Offset Amount(\$) | Offset Frequency |
|----------------|----------------|----------------------------|----------------------|-------------------|------------------|
| March 08, 2017 | March 08, 2018 | Workers Comp Reimbursement | Add to Gross Benefit | 35                | Weekly           |

**Deductions**

| Effective date | End Date       | Deduction Description    | Deduction Type | Tax Type | Deduction Amount (\$) | Deduction Frequency |
|----------------|----------------|--------------------------|----------------|----------|-----------------------|---------------------|
| March 08, 2017 | March 08, 2018 | 401(k) Loan Repayment 25 |                | Post-Tax | 15                    | Weekly              |

Claim Details Health Care Provider Vocational Rehabilitation Workers' Compensation

Offsets and Deductions **Appeals**

| Due date           | Appeal status | Appeal decision |
|--------------------|---------------|-----------------|
| September 16, 2018 | Closed        | Upheld          |

# MY DOCUMENTS

Real-time access to documents:

- Requested documents that can be electronically completed, signed and submitted.
- Copies of all claim letters.
- Copies of documents that have been completed and signed electronically or scanned and uploaded.
- Blank forms can be printed, completed and then either mailed, faxed or uploaded.
- Copies of W2 and 1099 tax forms.
- Access to upload documents scanned to the computer or captured via a smartphone.

The screenshot shows the 'My Documents' page for a user named Debra Atwood. The navigation bar includes 'My Alerts', 'My Profile', 'Contact Us', 'Help', and 'Log Out'. The main menu has 'My Dashboard', 'My Claims', 'My Benefits', 'My Documents' (circled), and 'My Payments'. The page content includes a welcome message, a 'My Documents' section with an 'Upload Document(s)' button, and a list of document categories: 'Requested Documents', 'Letters', 'Electronic Documents', and 'Download Forms'. Under 'Requested Documents', there is a document titled 'Authorization to Share and Use Medical Information' with a 'Complete Form Online' button. A 'Did you know?' section features a video about reporting a new leave. A 'Quick links' section lists various actions like 'Report New Claim' and 'Update Payment Info'. A 'Take a tour' section is also visible.


This screenshot shows the 'Letters' category selected in the 'My Documents' page. The 'Letters' tab is circled. Below the navigation bar, there is an 'Upload Document(s)' button and a table of documents. The table has columns for 'Link', 'Name', 'Claim Id', and 'Created On'.


| Link                 | Name                              | Claim Id | Created On |
|----------------------|-----------------------------------|----------|------------|
| <a href="#">View</a> | EE - Mixed Status                 | 24563547 | 10/29/2018 |
| <a href="#">View</a> | EE - Prelim Designation           | 24563547 | 10/29/2018 |
| <a href="#">View</a> | Update Medical Authorization Form | 24562364 | 10/07/2018 |



Requested Documents   Letters   Electronic Documents   **Download Forms**   Tax Forms

Show All   Direct Deposit Form

 direct deposit form

 My Documents

My Documents Upload Document(s)

Requested Documents   Letters   Emails   Electronic Documents   Download Forms   **Tax Forms**

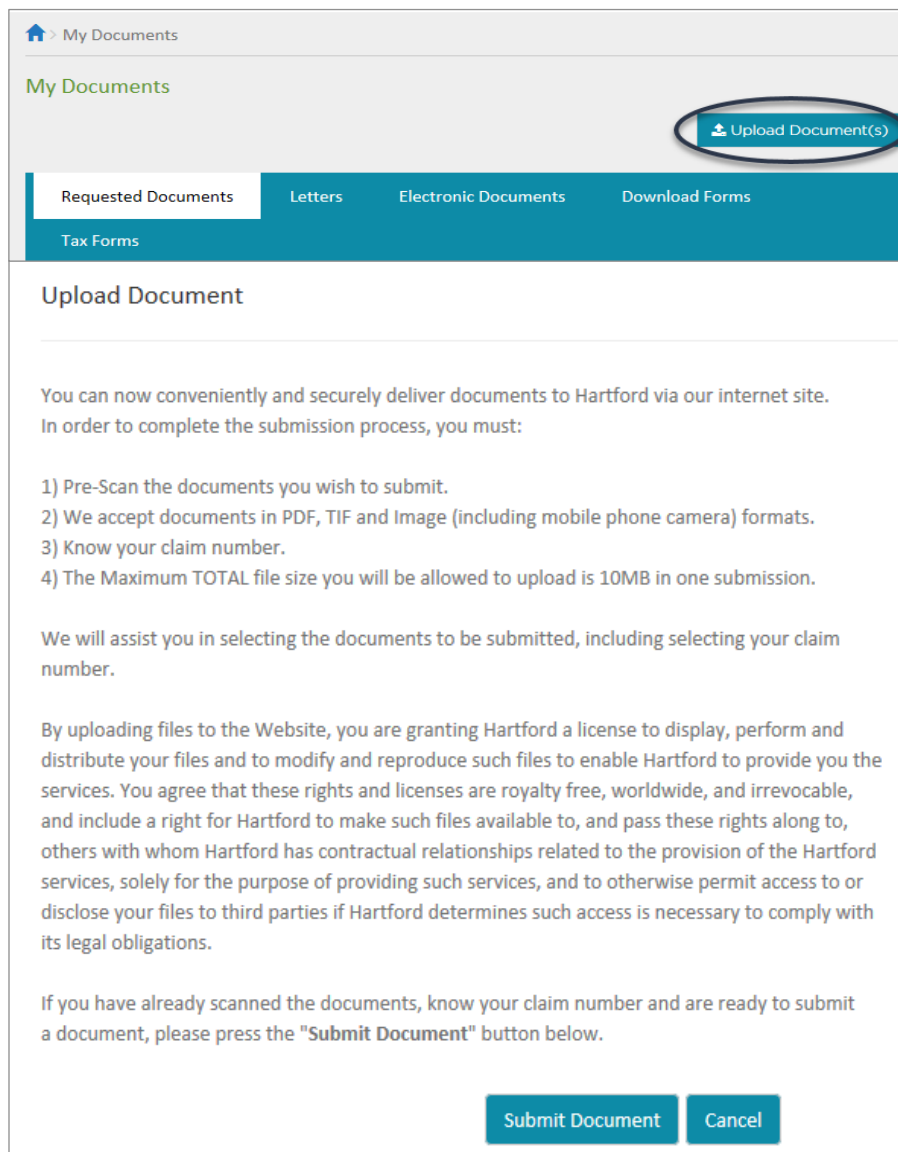
You can now download copies of tax forms, including form W2, 1099 INT and 1099 MISC. There is no charge to download these forms and it is easy. Select the form you want to download. Once you have downloaded the form, you will be able to select another form to download. Forms for the prior year will be available by January 31 of the current year.

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| <b>Tax Form W-2</b><br>Year: 2014 | <b>Tax Form W-2</b><br>Year: 2016 |
|-----------------------------------|-----------------------------------|

## DOCUMENT UPLOAD

How to upload a document:

- Scan the document(s) or capture photos using a smartphone camera.
- Select "Upload Document." This can be found on "My Documents" and also in the Quick Links on "My Dashboard."
- Select the claim number.
- Browse and select the file.
- Select "Add Another File" and repeat until done.
- Click "Submit Documents."



Home > My Documents

My Documents

Upload Document(s)

Requested Documents Letters Electronic Documents Download Forms

Tax Forms

### Upload Document

You can now conveniently and securely deliver documents to Hartford via our internet site. In order to complete the submission process, you must:

- 1) Pre-Scan the documents you wish to submit.
- 2) We accept documents in PDF, TIF and Image (including mobile phone camera) formats.
- 3) Know your claim number.
- 4) The Maximum TOTAL file size you will be allowed to upload is 10MB in one submission.

We will assist you in selecting the documents to be submitted, including selecting your claim number.

By uploading files to the Website, you are granting Hartford a license to display, perform and distribute your files and to modify and reproduce such files to enable Hartford to provide you the services. You agree that these rights and licenses are royalty free, worldwide, and irrevocable, and include a right for Hartford to make such files available to, and pass these rights along to, others with whom Hartford has contractual relationships related to the provision of the Hartford services, solely for the purpose of providing such services, and to otherwise permit access to or disclose your files to third parties if Hartford determines such access is necessary to comply with its legal obligations.

If you have already scanned the documents, know your claim number and are ready to submit a document, please press the "Submit Document" button below.

Submit Document Cancel

Upload Document

Select Claim: 24563157-(Leave Of Absence) ▼

*ATTENTION: The ability to upload documents is dependent upon the speed of your individual internet connection. In the event you experience a timeout while attempting to upload, please reduce the size of your file(s) and try again. Remember, you may only submit up a maximum of up to 10 MB per attempt.*

Upload Files:

Upload File... Browse Remove File

Add another file

Submit Documents Cancel

**Note:**

- Maximum file size is 5 MB per document.
- Maximum submission size is 10 MB.  
You can make as many submissions as you want.
- Check the quality of the submission by selecting “Electronic documents” within 15 minutes of the submission.

## MY PAYMENTS

- See a listing of all benefit payments issued by The Hartford over the prior three years.
- View and print copies of detailed pay stubs.
- Deposit your benefits directly into your checking account or on to a prepaid debit card. This option is also available by selecting “My Profile” at the top of our site.
- Use a credit or debit card to make a payment toward an overpayment balance, if you have one.

Welcome, Debra Atwood of The Hartford Demo Company  
You last logged in on 11/3/2018 at 5:18 PM

Debra Atwood Payments

Debra Atwood Payments [Update Payment Options](#) [Make Payments](#)

**Latest Payments**

📅 1/19/2018 | Claim #24562356

---

**\$** Payment Period:  
1/15/2018 To 1/19/2018

Net Pay:  
**\$445.39**

[View Pay Stub](#)

📅 1/12/2018 | Claim #24562356

---

**\$** Payment Period:  
1/9/2018 To 1/21/2018

Net Pay:  
**\$345.39**

[View Pay Stub](#)

**View All Payments**

\* If payment method = ATP – C, this is the date that The Hartford performed the calculation which was sent to your employer.  
 \* If payment method = Check, this is the date the check was sent from The Hartford.  
 \*\* If payment method = ATP – C, this is the benefit amount as calculated by The Hartford, which has been sent to your employer.  
 \*\* If payment method = Check, this is the actual amount of the Check.

| Claim Number | Payment Date * | Payment Method | Payment Number | Payment From | Payment To | Payment Source | Amount ** | View Pay Stub                 |
|--------------|----------------|----------------|----------------|--------------|------------|----------------|-----------|-------------------------------|
| 24562356     | 1/19/2018      | Check          | 1010100        | 1/15/2018    | 1/19/2018  | Your Employer  | \$445.39  | <a href="#">View Pay Stub</a> |
| 24562356     | 1/12/2018      | Check          | 1010000        | 1/9/2018     | 1/21/2018  | Your Employer  | \$345.39  | <a href="#">View Pay Stub</a> |

\*\*You won't see "My Payments" if your employer pays you through salary continuation or if The Hartford hasn't issued a benefit payment to you.

# PAY STUBS

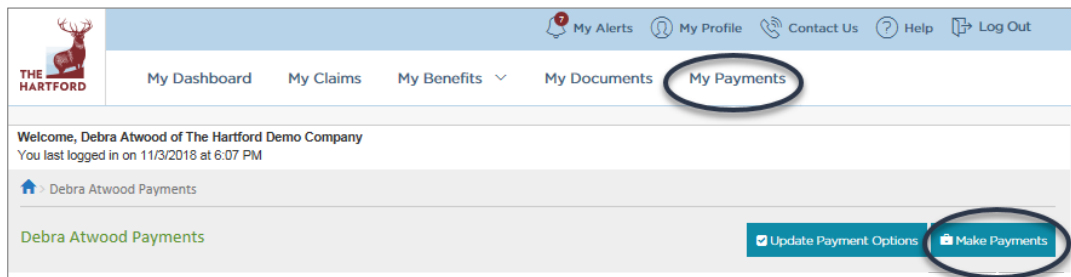
|  |         |  |  |                               |                         |
|--|---------|--|--|-------------------------------|-------------------------|
| <b>Hartford Life and Accident Insurance Company</b><br>P. O. Box 14869<br>Lexington, KY, 40512-4869, USA   |         |  | Pay Group: STW- HAA E2E WD (STD/INS)<br>Claim No.: 24562356<br>Earnings Begin Date: 01/15/2018<br>Check#: 1010100<br>Earnings End Date: 01/19/2018<br>Check Date: 01/19/2018 |                               |                         |
| DEBRA ATWOOD<br>66 CHIMNEY CORNER PKWY<br>GREENWICH, CT 06001  |         | Employee ID: 98765435<br>EOB NO.: 25415759<br>Days Paid: 5 | <b>TAX DATA:</b> Federal CT State<br>Marital Status: Single Single<br>Allowances: 0 0<br>Add. Pct.: 0 0<br>Add. Amt: 0.00 0.00   |                               |                         |
| <b>BENEFIT INFORMATION</b>   |         |  |  |                               |                         |
| ----- Benefits Under Your Plan -----   |         |  |  |                               |                         |
| Benefit Salary: (amount from which benefits are calculated)  |         |  |  |                               | 2,134.62                |
| Benefit Percentage of Earnings Under Your Plan:  |         |  |  |                               | 60% 0 weeks to 25 weeks |
| Benefit Amount:  |         |  |  |                               | \$1,280.77              |
| Minimum Benefit Under Your Plan:   |         |  |  |                               | 00.00                   |
| Maximum Benefit Under Your Plan:   |         |  |  |                               | 500.00                  |
| Frequency:   |         |  |  |                               | WEEKLY                  |
| <b>BENEFITS BEING PAID FOR THIS PAY PERIOD</b>   |         |  | <b>OFFSET INFORMATION</b>  |                               |                         |
| -----  |         |  | ----- Offsets applied to your benefit for this pay period -----  |                               |                         |
| Description  | Amount  | Pay Period   | Description  | Amount                        | Pay Period              |
| Benefit Amount:  | 500.00  | 5 days   |  |                               |                         |
| <b>HOURS AND EARNINGS</b>  |         |  | <b>TAXES</b>   |                               |                         |
| ----- Current -----  |         |  | ----- YTD -----  |                               |                         |
| Description  | Rate    | Hours  | Earnings   | Hours                         | Earnings                |
| Gross Benefit Non-Taxable  | 0.00    | 0  | 500.00   | 0                             | 900.00                  |
| Total:   |         |  | 500.00   | 900.00                        |                         |
| <b>BEFORE-TAX-DEDUCTIONS</b>   |         | <b>AFTER-TAX-DEDUCTIONS</b>                                |  | <b>EMPLOYER PAID BENEFITS</b> |                         |
| Description  | Current | YTD  | Description  | Current                       | YTD                     |
| Dental Premium   | 3.28    | 6.56   | Life Premium After-Tax   | 3.84                          | 7.68                    |
| Medical Premium  | 44.88   | 89.76  | LTD Premium After-Tax  | 1.38                          | 2.76                    |
| Vision Premium   | 1.23    | 2.46   |  |                               |                         |
| Total:   |         | 49.39 98.78  | Total:   |                               | 5.22 10.44              |
|  |         | Total Gross  | Fed Taxable Gross  | Total Taxes                   | Total Deductions        |
| Current:   |         | 500.00   | 0.00   | 0.00                          | 54.61                   |
| YTD:   |         | 900.00   | 0.00   | 0.00                          | 109.22                  |
|  |         |  |  |                               | 445.39                  |
|  |         |  |  |                               | 790.98                  |
| <b>NET PAY DISTRIBUTION</b>  |         |  |  |                               |                         |
| COMPANY MESSAGE: As of November 1, 2017, The Hartford became the administrator and reinsurer for the Aetna's group Life and Disability insurance coverage issued to your employer. Customer Service can be reached at (866)226-8143. |         |  |  |                               | 445.39                  |
| PERSONAL MESSAGE:  |         |  |  |                               | 445.39                  |

1 of 1

# OVERPAYMENTS

How to make a payment:

- Select the option “Make a Payment” on “My Payments.” You’ll see the amount due.
- Enter the amount you’d like to pay and also select if you’ll be using a debit or credit card.
- Click “Open Secure Payment Page” and you’ll be taken to an external site that processes payments for The Hartford.
- You’ll be asked to enter your card number, expiration date, special code value and the name on the card.
- You’ll be provided with a receipt, and The Hartford will receive the funds within two business days.



My Payments > Make A Payment

### My Overpayments

Please enter the amount you would like to pay in the “Payment Amount” field. The payment amount must be at least \$10.00 and cannot exceed \$517.79. Once you have entered the amount you would like to pay, press the “Open Secure Payment Page” button to continue.

| Claim Number                  | Product                               | Overpayment | Payment Amount | Payment Option Selected   |
|-------------------------------|---------------------------------------|-------------|----------------|---|
| <input type="radio"/> 1517171 | Short Term Disability Claim Statutory | \$517.79    | \$ 0 . 00      | <input type="radio"/> Credit Card<br><input type="radio"/> Debit Card |

Open Secure Payment Page

The Hartford does not store your credit or debit card information. Your information will be collected in a secured manner.

# CONTACT US

Contact The Hartford's claim team:

- Email our claim team anytime, anywhere.
- Enter your email address, select the claim and a category and then type your message. We'll email you back, usually within one business day.
- Call or fax us.
- Schedule an appointment and we'll call you at a time convenient for you.

THE HARTFORD

My Alerts My Profile **Contact Us** Help

My Dashboard My Claims My Benefits My Documents My Payments

Welcome, Debra Atwood of The Hartford Demo Company  
You last logged in on 11/2/2018 at 5:53 PM

Contact Us

Contact Us My Contacts Schedule A Call

Your E-Mail Address:  
darren.stiles@thehartford.com

Claim ID / Claim Type  
-Claim ID / Claim Type-

Category  
-Select Category-

Message  
4000 characters remaining  
Send

Address:  
PO Box 14869  
Lexington KY  
40512

Hearing Impaired:  
1-800-735-1232

Fax:  
833-357-5153

Telephone:

|                       |              |
|-----------------------|--------------|
| Leave of Absence      | 888-301-5615 |
| Long Term Disability  | 888-301-5615 |
| Paid Family Leave     | 888-301-5615 |
| Premium Waiver        | 888-301-5615 |
| Short Term Disability | 888-301-5615 |

Questions about critical illness, accident, and/or hospital indemnity coverage?  
Phone 1-877-248-5077  
Fax 1-469-417-1970  
www.thehartford.com/benefits/myclaim

WebTPA  
P.O. box 99906  
Grapevine, TX 76099

Did you know?

Report a new leave  
Learn how to report a new leave to us

Quick links

- Report New Claim
- Update Payment Info
- Upload Document(s)
- Download Documents
- Contact Us
- Update User Profile

Take a tour

- Videos
- Preview our site

# SCHEDULE A CALL

How to schedule a call:

- Select the eligible claim.
- Select the date and time that is most convenient.
- Provide the call back number and a brief explanation of what you would like to discuss. This will allow us to prepare for the call.
- You can either select to receive an email or a text message confirming your appointment.
- You can either select to receive an email or a text message reminding you of the call.

Contact Us

Contact Us
My Contacts
Schedule A Call

Earliest available time  
November 5, 2018 11:30 AM Eastern

Choose a time slot from the list below

| Available appointments for claim owner PAUL LEACH |                  |                  |
|---|------------------|------------------|
| Wednesday   | November 7, 2018 | 02:00 PM Eastern |
| Wednesday   | November 7, 2018 | 03:00 PM Eastern |
| Thursday  | November 8, 2018 | 12:00 PM Eastern |
| Thursday  | November 8, 2018 | 02:00 PM Eastern |
| Thursday  | November 8, 2018 | 04:00 PM Eastern |
| Friday  | November 9, 2018 | 03:00 PM Eastern |
| Friday  | November 9, 2018 | 04:00 PM Eastern |
| Friday  | November 9, 2018 | 05:00 PM Eastern |

Contact Us

Contact Us
My Contacts
Schedule A Call

Tell us how to send you a confirmation of your appointment. In addition, you can also ask us to remind you two hours prior to the call.

Call me at this number

Email Address

Mobile Number:

**Confirmation (Select one)**

Email:

Text ( ) \_ - \_

Message:

**Reminder (Optional)**

Email:

Text ( ) \_ - \_

Message:

Please let us know what you want to discuss

[Total characters typed:0 | Total characters remaining:400]

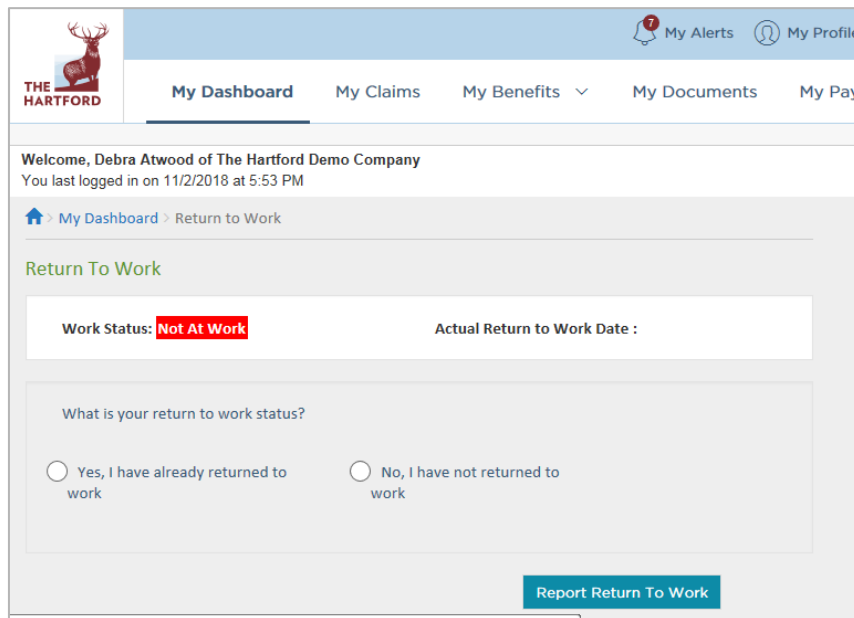
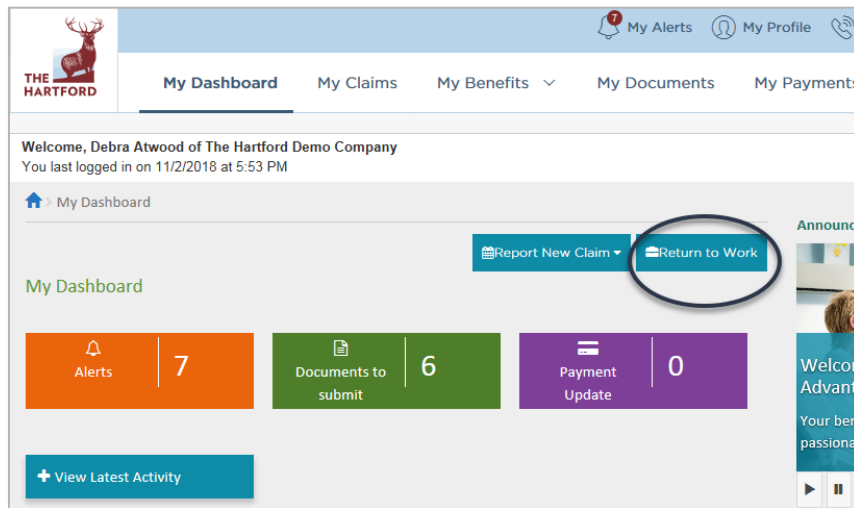
Back
Reset
Submit Appointment



# RETURN TO WORK

Back to normal:

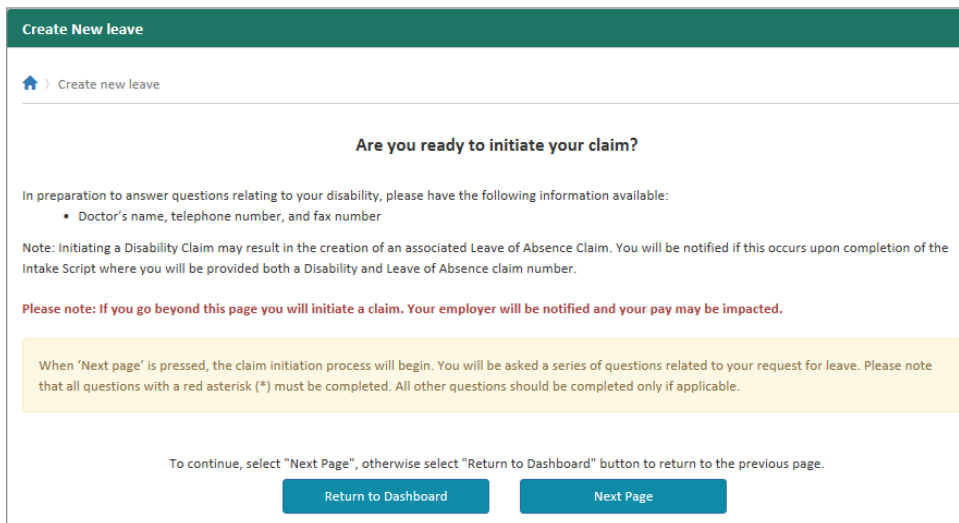
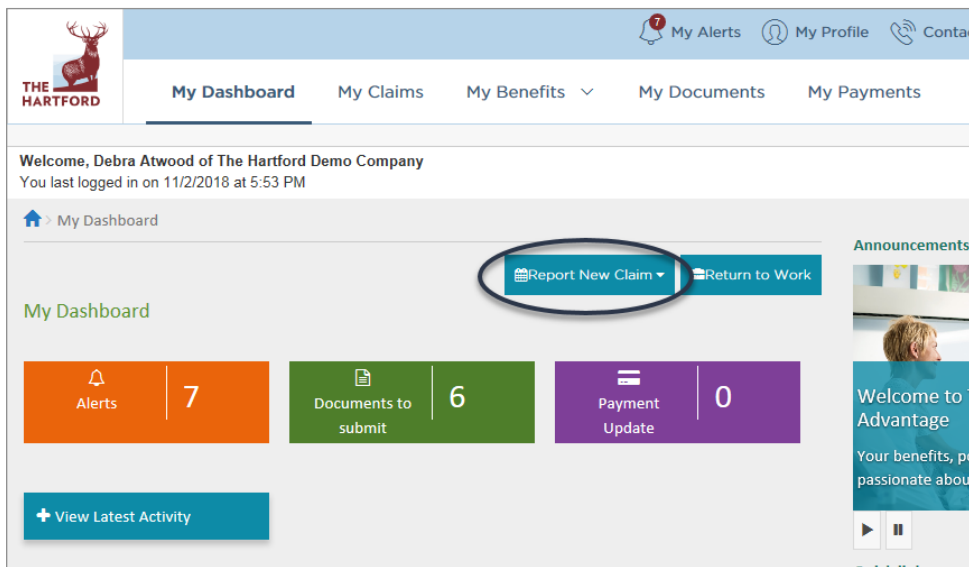
- Report a return to work.
- Tell us if you have returned to full or partial duty.
- Tell us if you have any restrictions at work.
- Tell us if your return to work plan has changed.



# REPORT A NEW CLAIM

Out of work:

- Report a new claim to The Hartford online.
- Complete a claim you started with our customer care team.
- We'll ask you for information about your loss, including the date you last worked, the reason you need to be out of work, and when you think you might be able to return to work.
- If we need it, we'll ask for your doctor's information and some information about your job duties.
- Once complete, you'll receive a claim number.



# REPORT A NEW CLAIM

|                     |                   |                  |                      |                       |                                   |                            |
|---------------------|-------------------|------------------|----------------------|-----------------------|-----------------------------------|----------------------------|
| Contact Information | Claim Information | Provider Details | Employer Information | Insurance Information | Customer Specific/ Claim Creation | Summary/ What happens next |
|---------------------|-------------------|------------------|----------------------|-----------------------|-----------------------------------|----------------------------|

Last saved: 11/3/2018 4:34:13 PM

### Contact Information

Please confirm the below information:

Employee First Name:  Employee Last Name:  Employee Middle Initial:

Suffix:  Employee Id:  SSN:

Address1:

Address2:

City:  State:  Zip:

Do you speak English?  Yes  No

Primary Phone Number:    Country Code

Are there any other numbers you would like to provide us?  Yes  No

If we are unable to reach you, may we have your authorization to leave a message containing confidential medical and benefit information?  Yes  No

Do you plan to receive mail at a temporary address while on leave?  Yes  No

Personal E-mail Address:   No E-mail Address  Prefer not to provide

\* Email you can access outside work

! If you provide an e-mail address, you'll hear from us sooner when we have an update about your claim. It may help your claim get resolved more quickly.

|                     |                   |                  |                      |                       |                                   |                            |
|---------------------|-------------------|------------------|----------------------|-----------------------|-----------------------------------|----------------------------|
| Contact Information | Claim Information | Provider Details | Employer Information | Insurance Information | Customer Specific/ Claim Creation | Summary/ What happens next |
|---------------------|-------------------|------------------|----------------------|-----------------------|-----------------------------------|----------------------------|

Last saved: 11/3/2018 4:35:52 PM

### Claim Information

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

Below is the time that has been requested:

|                |    |          |               |                |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----------------|----|----------|---------------|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| <<< Prev Month |    | November | 2018          | Next Month >>> |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| October 2018   |    |          | November 2018 |                |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 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 |    |    |    |    | 01 | 02 | 03 |    |    |    |    |    |    | 01 |
| 07             | 08 | 09       | 10            | 11             | 12 | 13 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |    |
| 14             | 15 | 16       | 17            | 18             | 19 | 20 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 09 | 10 | 11 | 12 | 13 | 14 | 15 |    |
| 21             | 22 | 23       | 24            | 25             | 26 | 27 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |    |
| 28             | 29 | 30       | 31            |                |    |    | 25 | 26 | 27 | 28 | 29 | 30 | 23 | 24 | 25 | 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

# REPORT A NEW CLAIM

Contact Information
Claim Information
Provider Details
Employer Information
Insurance Information
Customer Specific/ Claim Creation
Summary/ What happens next

Last saved: 11/3/2018 4:40:30 PM

### Provider Details

What's the name of your doctor or other provider that is taking you out of work? [Hide Search](#) [www.google.com](http://www.google.com)

i You can perform a search either by the last name of the provider or the Tax ID of the provider. If a telephone number search is performed, phone number must be entered in the format xxx-xxx-xxxx.

Last Name:

City:

Phone Number:

Partial match

First Name:

State:

Tax ID:

i To add a new Health Care Provider when a match is not found, complete the fields below and select the Add New Health Care Provider button.

Health Care Provider Last Name:

Address 1:

Address 2:

City:

Zip:

Health Care Provider Phone #:   Country Code

Specialty:

Health Care Provider First Name:

State/Province:

Health Care Provider Fax #:   Country Code

i To remove a selected Health Care Provider, highlight the name in the right side of the Selected Providers grid and select the left arrow.

Are you seeing more than one doctor?  Yes  No

If you are not seeing a specific Health Care Provider, are you treating at a facility?  Yes  No

Contact Information
Claim Information
Provider Details
Employer Information
Insurance Information
Customer Specific/ Claim Creation
Summary/ What happens next

Last saved: 11/3/2018 4:41:31 PM

### Employer Information

Are you a Full Time or Part Time employee?  Full Time  Part Time

Are you hourly or salary?  Hourly  Salary

What is your normal schedule?

Work Schedule Grid

Schedule Effective Date:

Select Time Automatically:

Work Day  From:  To:

Select Time Manually:

| Week 1                             | Day Type                                   | Start Time   | End Time   | Daily Hours                   |
|------------------------------------|--|--|--|-------------------------------|
| <input type="checkbox"/> Sunday    | Non Work Day <input type="text" value=""/> | <input type="text" value=""/> : <input type="text" value=""/>        | <input type="text" value=""/> : <input type="text" value=""/> <input type="button" value="insert"/>        | <input type="text" value=""/> |
| <input type="checkbox"/> Monday    | Work Day <input type="text" value=""/>     | 9 am <input type="text" value=""/> : <input type="text" value="00"/> | 5 pm <input type="text" value=""/> : <input type="text" value="00"/> <input type="button" value="insert"/> | 8 hrs 0 min                   |
| <input type="checkbox"/> Tuesday   | Work Day <input type="text" value=""/>     | 9 am <input type="text" value=""/> : <input type="text" value="00"/> | 5 pm <input type="text" value=""/> : <input type="text" value="00"/> <input type="button" value="insert"/> | 8 hrs 0 min                   |
| <input type="checkbox"/> Wednesday | Work Day <input type="text" value=""/>     | 9 am <input type="text" value=""/> : <input type="text" value="00"/> | 5 pm <input type="text" value=""/> : <input type="text" value="00"/> <input type="button" value="insert"/> | 8 hrs 0 min                   |


# REPORT A NEW CLAIM

|                     |                   |                  |                      |                       |                                   |                            |
|---------------------|-------------------|------------------|----------------------|-----------------------|-----------------------------------|----------------------------|
| Contact Information | Claim Information | Provider Details | Employer Information | Insurance Information | Customer Specific/ Claim Creation | Summary/ What happens next |
|---------------------|-------------------|------------------|----------------------|-----------------------|-----------------------------------|----------------------------|

Last saved: 11/3/2018 4:42:31 PM

**Insurance Information:**

Who is your Health Insurance Carrier?


 [Complete Medical Authorization Now](#)

|                     |                   |                  |                      |                       |                                   |                            |
|---------------------|-------------------|------------------|----------------------|-----------------------|-----------------------------------|----------------------------|
| Contact Information | Claim Information | Provider Details | Employer Information | Insurance Information | Customer Specific/ Claim Creation | Summary/ What happens next |
|---------------------|-------------------|------------------|----------------------|-----------------------|-----------------------------------|----------------------------|

Last saved: 11/3/2018 4:43:23 PM

**Customer Specific**

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



Submit Claim

# MY PROFILE

Your experience, your way:

- Change your user name, password and security questions.
- Change your mailing address, telephone number, email address and mobile telephone number.
- Enroll in direct deposit or request a prepaid debit card.
- Request updates on your claim by email or text message.

**THE HARTFORD** My Alerts My Profile Contact Us Help Log Out

My Dashboard My Claims My Benefits My Documents My Payments

Welcome, Debra Atwood of The Hartford Demo Company  
You last logged in on 11/4/2018 at 11:32 AM

My Profile

My Profile

Our records show your last successful log in was on 11/4/2018 at 11:32 AM. If you believe that your online information is being accessed without your approval, please change your password.

**Sign-in & Security**  
Control your password and account-access settings

- Change your User Name
- Change your Password
- Change your Security Question & Answers

**Personal Info**  
Manage your visibility settings and the data we use to personalize your experience..

- Change your contact information- Address, Telephone & Email Address


**Notifications**  
Configure your claim communications so as to opt in or out of receiving alert notification

- Manage My Electronic Correspondence
- Alerts & Notification Configuration

**Privacy Policy**

- Privacy Policy
- Legal Notice
- Accessibility Statement
- Security Statement

# MY PROFILE: CHANGE MY USER NAME

 **Sign-in & Security**

Control your password and account-access settings

- [+ Change your User Name](#)
- [+ Change your Password](#)
- [+ Change your Security Question & Answers](#)

### Change My User Name

[Home](#) > [My Profile](#) > [Change User Name](#)

*\* Indicates a Required Field*

You must first Enter your Current Password and New User Name. Then press Check Availability to see if the User Name you want to use is available. If it is available, you can change your User Name.

|                                  |                      |   |
|----------------------------------|----------------------|---|
| <b>* Enter Current Password:</b> | <input type="text"/> | For security purposes, please enter your current Password.  |
| <b>* Enter New User Name:</b>    | <input type="text"/> | For security purposes,<br>The user name must be at least 6 characters in length.<br>No more than 20 characters in length. The user name cannot contain any spaces.<br>The user name is case sensitive, so capitalization matters. Make sure you record your user name for future reference. |

## MY PROFILE: CHANGE MY PASSWORD

### Change My Password

[Home](#) > [My Profile](#) > [Change Password](#)

*\* Indicates a Required Field*

To change your password you must first enter your current password and then enter the new password twice.

**\* Current Password:**  Please enter your current password

**\* New Password:**  Must be a minimum of 8 characters in length. Must contain a capital letter, lower case letter, special character and at least one number

Password strength

**\* Re-Type New Password:**

## MY PROFILE: CHANGE MY SECURITY QUESTION

### Security Questions

[Home](#) > [My Profile](#) > [Change Security Questions](#)

*For your security, we may occasionally ask you to answer a security question. Please select 3 security questions below, answer them and then press 'save'.*

**Question 1**

**Question 2**

**Question 3**

*Sometimes it is necessary to discuss confidential and personal information and we want to make sure that we are always speaking to the right person. Please choose to provide us either your mother's maiden name (up to 20 characters) or a 4 digit PIN.*

**Which you would like to provide us?**

Mother's Maiden Name  
 4 Digit PIN

*Please provide the value. You can enter up to 20 characters of your mother's maiden name or a 4 digit PIN.*



# MY PROFILE: CHANGE MY CONTACT INFORMATION

**Personal Info**

Manage your visibility settings and the data we use to personalize your experience..

[Change your contact information- Address, Telephone & Email Address](#)

### Change my Contact Information

My Profile > Change Contact Information

#### Home Address

*\* Indicates a Required Field*

\* Address 1:

Address 2:

Address 3:

\* Country:

\* City:

\* State:

\* Zip:

\* Home Phone:

Country Code Area Code Extension


Mobile Phone:

Country Code Area Code Extension

Home Email Address:


## EMAIL CORRESPONDENCE

- Request an email when there are new letters available.
- There are some claims letters that we'll also mail to you, even if you ask us not to.
- You'll receive an email from us around 8pm ET with directions on how to read the new letter.
- If you don't read the letter within one week, we'll print it and mail it to you.
- You can always print or save a local copy of any letter online.

 **Notifications**

Configure your claim communications so as to opt in or out of receiving alert notification

- [+ Manage My Electronic Correspondence](#)
- [+ Alerts & Notification Configuration](#)

 Configure Your Electronic Preferences

[Home](#) > [My Profile](#) > Configure Electronic Preferences

Please configure your preferences here. You can change these preferences at any time by accessing the "User Profile".

*\* Indicates a Required Field*

**Error: You have elected to receive Electronic Notifications but your Email Address has not been confirmed. To confirm your Email Address please complete the form above and save.**

**\*Email Address:**  Enter an e-mail address that you have constant access to whether it be home or work. In the event your password is reset, the new password will be e-mailed to you at the e-mail address provided here.

**\*Confirm Email Address:**

**Electronic Communications:**  Yes  No

I have read and agree to the [Electronic Communications Terms and Conditions](#).

# ALERT NOTIFICATIONS

We'll text or email you updates:

- Request an email with updates to your claim. You can also ask us to send you a text message.
- If you ask us to send you text messages, you must give us your approval to do so. Standard message rates will apply to any message we send you, in case you don't have an unlimited text message plan.
- The Hartford recommends you select "Daily" notifications either by text message or email. Notifications are sent out at 8pm ET.

### Alerts & Notification Configuration

My Profile > Alerts & Notification Configuration

Home Email Address:  Edit Save Cancel

Notification Settings: Summary of Open Alerts  Notification Settings: By Individual Alert

| Summary Type | Enable Notification                 | Notification Method             |
|--------------|-------------------------------------|---------------------------------|
| Daily        | <input type="checkbox"/>            | Home Email <input type="text"/> |
| Weekly       | <input type="checkbox"/>            | Home Email <input type="text"/> |
| None         | <input checked="" type="checkbox"/> | N/A <input type="text"/>        |

I have read and agree to the [Text Message Communications Terms and Conditions](#)


Would you like The Hartford to send you text messages?  Yes  No

Mobile Phone Number:

## PAYMENT OPTIONS


Direct Deposit:

- Request deposit of your disability check into your checking or savings account.
- You'll need to provide your routing number, account number and authorization.
- We can also suppress printing of your benefit pay stub if you prefer to view it online.
- If you ask us to send you an email or text message notification, we'll notify you of new payments.
- The process to set this up with your bank usually takes 2-3 weeks. And you can stop it at any time.

 **Payments**

Manage your direct deposit and pre-paid debit card info


[+ Request Direct Deposit/ Request a pre-paid debit card](#)

 **Payments**


Manage your direct deposit and pre-paid debit card info

[- Request Direct Deposit/ Request a pre-paid debit card](#)

**Set Up Direct Deposit**

 Hartford Life and Accident Insurance Company now offers Direct Deposit of your disability benefit. A bank account is required.

**Request a Reloadable Pre-Paid Card**

 Simply verify some basic information, acknowledge the terms and conditions of the program and your request will be entered. You will receive an introduction package within 10 business days from the Money Network.

[Next](#)

# PAYMENT OPTIONS

Prepaid Debit Card:

- You can ask us to deposit your disability check onto a prepaid debit card.
- A bank account is not required.
- The Money Network will send you the prepaid card.
- You can cancel at any time.

The screenshot displays the user interface of The Hartford's online portal. At the top left is the logo for 'THE HARTFORD' featuring a red deer head. The top navigation bar includes links for 'My Alerts', 'My Profile', 'Contact Us', 'Help', and 'Log Out'. Below this is a secondary navigation bar with 'My Dashboard', 'My Claims', 'My Benefits', 'My Documents', and 'My Payments'. The main content area is titled 'Welcome, Debra Atwood of The Hartford Demo Company' and shows the user's last login time. A breadcrumb trail indicates the user is in the 'Debra Atwood Payments' section. Two buttons are visible: 'Update Payment Options' (circled in red) and 'Make Payments'. Under the heading 'Latest Payments', there are two payment cards. The first card is for a payment on 1/19/2018 for Claim #24562356, with a payment period from 1/15/2018 to 1/19/2018. The second card is for a payment on 1/12/2018 for Claim #24562356, with a payment period from 1/9/2018 to 1/21/2018. To the right, there is a 'Did you know?' section with an image of a red deer and a 'Report a new leave' button.

## FULL ADMINISTRATION LEAVE OF ABSENCE

A dashboard view that contains a snapshot of all the important details:

- Leave balances provide a quick glance at the number of weeks an employee has available to take leave.
- Leave balances are shown only for the “current period,” which is usually the prior 12 months.
- If the employee hasn’t taken any leave during the “current period,” there will be no balances shown.

**My Dashboard**

Report New Claim | Return to Work

Alerts | 0 | Documents to submit | 1 | Payment Update | 0

+ View Latest Activity

**My Claims**

| Claim ID | Reason                            | Benefit(s) | Start Date         | Status |
|----------|-----------------------------------|------------|--------------------|--------|
| 1496632  | Care of a Family Member<br>Father | Fed FMLA   | May 10, 2016       | Open   |
| 1270253  | Care of a Family Member<br>Mother | Fed FMLA   | September 05, 2013 | Open   |

**Leave Balances**

Federal Family and Medical Leave Act (FMLA)  
March 17, 2017 - March 18, 2016  
11.4 weeks of 12 weeks Remaining

**Make it easy on yourself.**

Visit [www.abilityadvantage.thehartford.com](http://www.abilityadvantage.thehartford.com) to register and start using WorkAbility today.

# MY CLAIMS

Real-time access to claim details:

- Leave details includes the first date and most recent request on the claim.
- Leave balance details includes the benefit period, total benefit amount, time used within the current period, future time approved and remaining time available.
- Absence detail shows the absences with the work schedule for the day.

THE HARTFORD

My Alerts My Profile Contact Us Help Log Out

My Dashboard **My Claims** My Benefits My Documents

**Claim Details** Certifications Absence

Leave Of Absence - Claim Details

Claim Number: 24563558 Last Requested Date: **November 01, 2018**

Leave Type: **Continuous** Start Date: **November 01, 2018**

Status: **Open** Date Reported: **November 01, 2018 11:08:00 AM**

Last Updated: **November 01, 2018 11:09:00 AM** Leave Reason: **Pregnancy**

Relationship: **Employee** Projected Return to Work:

Actual Return To Work:

Balances

| Benefit Type  | Benefit Period From | Benefit Period Through | Total Benefit Amount | Time Used | Future Time Approved | Remaining Time Available |
|---|---------------------|------------------------|----------------------|-----------|----------------------|--------------------------|
| <a href="#">Federal Family and Medical Leave Act (FMLA)</a> | 11/6/2018           | 11/7/2017              | 12 weeks             | 0.8 weeks | 0 weeks              | 11.2 weeks               |

Claim Details Certifications **Absence**

Absence Details

Show **10** entries

Search:

| Dates Of Absence                | Benefit                                     | Eligibility          | Status                   |
|---------------------------------|---|----------------------|--------------------------|
|                                 | <input type="text"/>                        | <input type="text"/> | <input type="text"/>     |
| 10/8/2018<br>12:00 PM - 5:00 PM | Federal Family and Medical Leave Act (FMLA) | Eligible             | Pend - Awaiting certific |
| 10/3/2018<br>12:00 PM - 5:00 PM | Federal Family and Medical Leave Act (FMLA) | Verify               | Pend - Awaiting certific |

## MY BENEFITS

Benefits forecast:

- You can find out how many weeks of job protected time away from work is available to you based on a future date.
- We'll calculate the number of weeks based on the leave time you have taken, plus the leave time you'll earn back and any future time you've requested.
- The leave of absence benefits will always be shown as a number of weeks to comply with federal and state law.

THE HARTFORD

My Alerts My Profile Contact Us Help Log Out

My Dashboard My Claims **My Benefits** My Documents

Home > Leave Management

### My Benefits

#### Benefit Forecast

We can calculate for you the amount of leave time you'll have available in the future based on the time you have used and the benefits available to you.

To start, select the date you expect to need to take leave from work.

Next three months

Pregnancy

Employee

Forecast Date: February 06, 2019

|   |            |
|---|------------|
| Federal Family and Medical Leave Act (FMLA) | 11.2 WEEKS |
|---|------------|

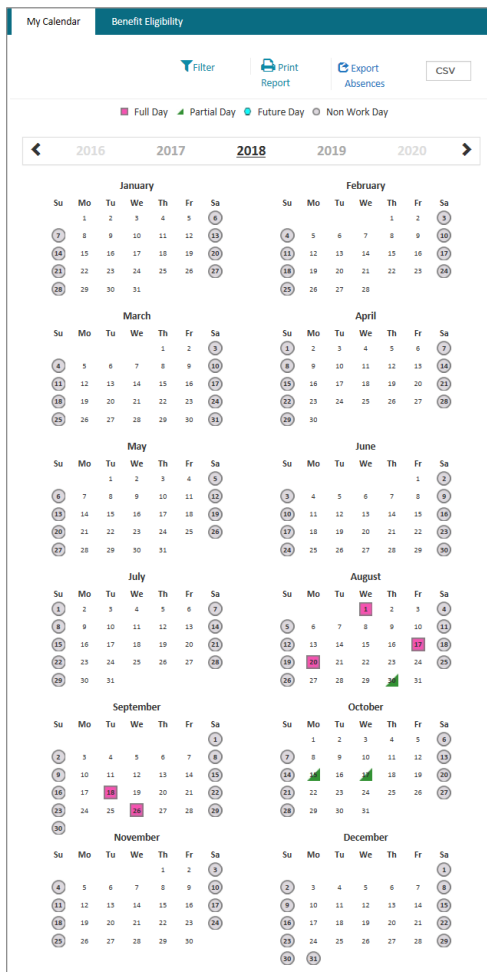
Clear



# MY BENEFITS

## My Benefits Calendar:

- Use the benefits calendar to see all of your requests for leave for the year.
- You can scroll backward and forward by year.
- By selecting a date, you can see the details of that date, including the hours you were scheduled to work, your absences, and the status of your approval for that day.
- You can print a report that shows you all of your absences for the year.



**Selected Date: August 17, 2018**

**Scheduled Hours**  
 August 17, 2018 09:00 AM - 05:00 PM

**Leave Id for the request(s)**  
24562421

**Transaction Id for the request(s)**  
24562630

**Leave Continuity**  
Intermittent

**Type Of Day**  
Full Day

**Reason for Leave**  
Employee's own illness

| Start Date             | End Date               | Hours         | Reason                   | Status   | Absen Type |
|------------------------|------------------------|---------------|--------------------------|----------|------------|
| 08/17/2018<br>09:00 AM | 08/17/2018<br>05:00 PM | 8.00<br>Hours | Federal<br>Family<br>and | Approved | Appoir     |

# MY BENEFITS

Add time to an intermittent leave:

- Once an intermittent leave of absence claim has been established, you can use our online tool to update your leave.
- You can select days for leave, enter your work schedule, any breaks and your absence for the day.
- You can select multiple days and you can apply a work schedule, breaks and absence periods to each one individually or as a group.

The screenshot shows the 'My Claims' section of the The Hartford My Benefits portal. The 'Add Time To an Existing Leave' button is highlighted with a red circle. The page displays claim details for Scott Murphy, including the claim number 24562421 and various dates and times. A table at the bottom shows the balance for Federal Family and Medical Leave Act (FMLA) leave.

**Claim Details**

Leave Of Absence - Claim Details

Claim Number: 24562421      Last Requested Date: October 17, 2018

Leave Type: Intermittent      Start Date: August 01, 2018

Status: Open      Date Reported: August 03, 2018 01:16:00 AM

Last Updated: August 03, 2018 01:20:00 AM      Leave Reason: Employee's own illness

Relationship: Employee      Projected Return to Work:

Actual Return To Work:

**Balances**

| Benefit Type  | Benefit Period From | Benefit Period Through | Total          |           |                      |                          |
|---|---------------------|------------------------|----------------|-----------|----------------------|--------------------------|
|   |                     |                        | Benefit Amount | Time Used | Future Time Approved | Remaining Time Available |
| <a href="#">Federal Family and Medical Leave Act (FMLA)</a> | 11/6/2018           | 11/7/2017              | 12 weeks       | 0.4 weeks | 0 weeks              | 11.6 weeks               |

# MY BENEFITS

Add time to an intermittent leave:

## Step One:

- Select the option “Add Time to an Existing Leave” and select the claim.
- Select the date(s) from the calendar.
- From “Preview – Absence Requested” select the day(s) to edit. Any edits applied to a group of selected dates will be applied to all of those dates.

## Step Two:

- You can edit the work schedule if needed.
- You can add any unpaid breaks if needed.
- You can select the start and end time of your absence.
- You can enter notes and then click “Update Days” and verify the absence is accurate.
- Click “Submit Claim” and you’ll be provided with a confirmation.

Welcome, Scott Murphy of The Hartford Demo Company  
You last logged in on 10/17/2018 at 11:18 AM

My Claims > Add time to existing leave > Claim 24562421

Claims  
Claim Number 24562421 [Open](#)

| Benefit Type  | Reason                 | Relationship | Start Date      | End Date         | Current Request Duration |
|---|------------------------|--------------|-----------------|------------------|--------------------------|
| <input type="radio"/> Federal Family and Medical Leave Act (FMLA) | Employee's own illness | Employee     | August 01, 2018 | October 17, 2018 | 1.28 Weeks               |

**3 Simple Steps to Add Days to Your Absence**

**Step 1:** Select the available day(s) in the calendar and review the selected absence days in the preview pane.

Oct 2018 | **Nov 2018** | Dec 2018

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
|    |    |    |    | 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 | 29 | 30 |    |

Full Day  
  Partial Day  
  Cancelled Full Day  
  Cancelled Partial Day  
  Non Work Day

**Enter Work Schedule** [Edit](#)

Start Time: 09:00 AM    End Time: 5:00 PM

**Enter Unpaid breaks** [Edit](#)

Start Time:    End Time:

Time Off Frequency:  per Day

Start Time: 09:00 AM    End Time: 04:00 PM

Appointment(s):

Notes:

[+Update Day\(s\)](#)

**Step 2:** If there are any changes needed, check each date in the preview pane. The work schedule, unpaid breaks, and absence period then can be modified.

Preview - Absence Requested

Review the dates added for the absence requested

| Date                                | Hours          | Start-End Time     | Work Schedule      |
|-------------------------------------|----------------|--------------------|--------------------|
| <input type="checkbox"/> 11/19/2018 | 8 Hours 0 Mins | 09:00 AM - 5:00 PM | 09:00 AM - 5:00 PM |

**Step 3:** If you have finished reviewing the dates, please click on 'Submit Claim' button to submit the absences.

[Submit Claim](#)

**Together We Prevail™**

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Business Insurance  
Employee Benefits  
Auto  
Home