



## Reporting Your Disability Claim

The **University of California** Short-Term Disability Policy is issued by Liberty Life Assurance Company of Boston, a member of the Liberty Mutual Group.

Liberty offers employees direct access to claims resources and information. You can easily report a claim and check the status of your claim through Liberty's dedicated secure website. Please visit: [www.mylibertyconnection.com](http://www.mylibertyconnection.com) to access employee resources and online tools, as referenced below. (Si usted prefiere las formas en Espanol, por favor contacte al Departamento de Beneficios o prestaciones.)

### When Do I Report a Claim?

Liberty is available 24 hours a day, 7 days a week. You may report a claim up to 30 days in advance of a planned disability absence (such as childbirth or prescheduled surgery) OR as soon as you are aware that you will be disabled due to illness or injury for longer than your waiting period (7, 30, 90 or 180 calendar days).

### How Do I Report a Claim?

1. Contact your supervisor to report your absence.
2. Print this document, **sign and date the Authorization to Release Information section below, and leave with your physician or medical care provider at your earliest convenience.**

*Note: Liberty requires your physician to provide information about your medical condition. If this information cannot be obtained, benefits may be delayed.*

3. Report your claim via [www.mylibertyconnection.com](http://www.mylibertyconnection.com). First time users register by clicking on the "New User?" link next to the log in button on the top right-hand section of the page. You should use the Company Code **University** when setting up your access to this site.

Please have the following information available when you report your claim:

- Your physician or medical care provider's name, address, fax and telephone numbers
  - Your manager's name, telephone number and e-mail address
  - Reason you are out of work (diagnosis/symptoms)
  - Your last day worked, first day absent from work, and anticipated return to work date
4. Keep a record of your claim number. Reporting your claim online provides the added convenience of printing a claim report which includes your claim number and a summary of your claim details.
  5. You may securely check the status of your claim online at [www.mylibertyconnection.com](http://www.mylibertyconnection.com) or by calling your Case Manager at **1-800-838-4461**.

### Authorization to Release Information

I authorize any health care provider having information about my physical or mental condition and treatment to give all information to the Company in the Liberty Mutual Group of companies and/or Plan Sponsor to which I am submitting a claim. I understand the information obtained by this Authorization will be used to determine eligibility for benefits. Information obtained under this Authorization or directly from me may be released to persons/organizations providing medical treatment or claim management/advisory services in connection with my claim, including Employee Assistance Programs (EAP), or other similar disease management/assistance programs providing services to the Plan Sponsor and/or the Company. This Authorization is valid for two years from the date appearing below with my signature. I have the right to revoke this Authorization by notifying the Company. I know that I may request a copy of the Authorization and I agree that a photographic copy shall be as valid as the original.

Employee Signature

Date

Print Employee Name

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