Need to File a Short Term Disability/ Paid Family Leave or FMLA Claim?

Santa Clara University

In an effort to improve the processing time and simplify the claims experience for employees, Santa Clara University has contracted with Matrix Absence Management (Matrix), a division of Reliance Standard Life Insurance Company, to administer the Short Term Disability (STD)/Paid Family Leave, Long Term Disability (LTD) and Family Medical Leave Act (FMLA) programs.

HOW TO REPORT A LEAVE OF ABSENCE

Timely reporting of your leave is critical for the continuation of your benefits and pay. If you expect to be out of work for more than three days, you must take the following steps:

AS SOON AS POSSIBLE

STEP 1:

Notify your supervisor and/or your Human Resources Department. You do not need to discuss private health issues when providing this information.

WITHIN 30 DAYS OF YOUR LEAVE DATE

STEP 2:

To file a claim, download the Matrix eServices Mobile App by snapping the correct QR code on page 3 or search Matrix eServices Mobile on your smartphone or tablet's app store (iOS or Android). You can also go to matrixabsence.com or if you don't have Internet access, you can call (877) 202-0055. Be ready to provide your personal, job, illness/injury and provider information (see below for specifics). Within 24 hours, you will receive an Absence Packet from Matrix noting what documentation is needed.

WITHIN 15 DAYS OF REPORTING YOUR ABSENCE TO MATRIX

STEP 3:

Submit the requested documentation to Matrix to get your leave claim processed for approval.

AUTHORIZING THE RELEASE OF YOUR MEDICAL INFORMATION

The release of medical information to Matrix is critical for the evaluation of your request for Medical or Family Care Leave. To facilitate this release, Matrix will provide you with a "Medical Authorization" form within 24 hours after you report your claim.

- Matrix will contact your provider directly within 24 hours to obtain medical certification.
- Your provider may also ask you to sign their specific authorization form as well. If they do, please sign it. This release authorization will expedite the processing and payment of your claim (if applicable).
- If proper written medical documentation is not received from your provider within 15 days of your request for leave, your leave may not be approved. Detailed medical information is required.
- **It is important that you follow up with your provider and Matrix to make sure your healthcare provider has sent the proper disability documentation to Matrix within the deadline.**
- It's also helpful that you ask your provider to be as specific as possible when certifying the number of hours per month that you will have to miss work.

INFORMATION YOU'LL NEED TO REPORT A LEAVE OF ABSENCE

Depending on the type of leave, you will be asked to provide some basic information. Having the following information readily available when you report your absence to Matrix will speed up the process:

- ✔ *Personal Information:* Name, address, telephone number, and the last four digits of your Social Security Number.
- ✔ *Job Information:* Job title, job description, workplace location and address, work schedule, supervisor's name and telephone number, date of hire, and last day worked.
- ✔ *Illness/Injury Information:* Nature of the illness, how, when, and, if applicable, where the injury occurred, the date your disability began and when the disability commenced.
- ✔ *Provider Information:* Name, address, telephone number, and fax number for each treating provider.

Matrix makes it easy for you to file a claim 24 hours a day, 7 days a week. To file a claim, download the Matrix eServices Mobile App by snapping the correct QR code on page 3 or search Matrix eServices Mobile on your smartphone or tablet's app store (iOS or Android). You can also go to matrixabsence.com or if you don't have Internet access, you can call (877) 202-0055.

See page 2 for more details on what to expect during the approval process.

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ABSENCE MANAGEMENT

WHAT TO EXPECT NEXT

Benefit eligibility is confirmed.	Within five business days, you will be notified, in writing, confirming you are or are not eligible for the requested leave of absence benefits (based on hours, service and disability enrollment, if applicable).
Medical information, if applicable, is obtained.	If you filed a disability claim, your physician (or that of your immediate family member for Family Care leave) will be contacted to discuss your (or your family member's) medical information, treatment plan, prognosis, and functional abilities. Your Matrix Integrated Claims Examiner may also contact you to discuss the following: ▸ The information you initially reported. ▸ Your medical condition, including the impact it has on your ability to do your job and your treatment plan. ▸ The evaluation procedures under this program. How often your Matrix Integrated Claims Examiner contacts you will depend on your individual circumstances and the expected duration of your absence from work. Periodically, your provider will be contacted to discuss your current medical condition. Additional medical information may be needed in order to continue benefits under the disability programs.
Initial decision is made.	Once all the pertinent information has been obtained, Matrix will make an initial determination regarding your leave of absence request. ▸ *For STD/PFL and LTD claims,* a decision will be made upon receipt of the information and will be based on the Plan definition of disability. ▸ *For Medical and Family Care claims,* a decision will be made within three business days of receipt of all the information and will be based on the objective medical information provided by the physician. Additionally, the decision may be based on other factors such as: ▸ Activities you can and cannot perform. ▸ The circumstances of your condition, treatment plan, and prognosis. ▸ The requirements of your job and your ability to perform the job.
Important notes about STD/PFL benefits	*STD/PFL benefits are payable when you are unable to perform the essential elements of your job on a full-time basis (as determined by Matrix) due to an illness, injury or pregnancy. In addition, you must be receiving appropriate care and treatment from a qualified healthcare provider on a continuing basis. If your STD/PFL claim is approved, benefit payments will be issued by Matrix Absence Management.*

HOW TO REPORT INTERMITTENT ABSENCES

If your leave is intermittent, you will need to report your missed time to Matrix. To submit your intermittent time for an approved/open intermittent leave, you can use any one of the four easy reporting options listed below.

Online

Go to www.matrixabsence.com to create an eServices account and then submit your intermittent time.

By Phone

Call (877) 202-0055 to access Matrix's Interactive Voice Response system.

Using an iPhone App

Go to www.matrixabsence.com to create an eServices account. Then, search for "eServices" in iTunes or the app store on your iPhone to download the free app. The first time it launches, you will be asked to log in.

Using an Android App

Go to www.matrixabsence.com to create an eServices account. Then, search for "Matrix eServices Mobile" in the Android "play store" or Google play site from your Android phone to download the free app. The first time it launches, you will be asked to log in.

If the intermittent time requested is not approved for leave, you will receive a letter explaining the specifics. If the time is approved you will not receive a letter stating the approved time. If you want to request a letter outlining the past eight weeks of absence time requested, contact your Matrix Integrated Claims Examiner via the app, online or by calling (877) 202-0055.

LONG TERM DISABILITY (LTD)

If you continue to be disabled by the midpoint of your LTD Elimination Period and are eligible for Long Term Disability, you will be contacted by a Matrix Integrated Claims Examiner and will receive a package which contains information about applying for Social Security benefits, as well as other pertinent forms required to begin processing your LTD claim. Upon approval, Matrix will issue your monthly LTD benefit payments.

FMLA RECERTIFICATION

Depending on the diagnosis, Matrix will generally ask you to recertify your leave every six months unless the frequency of the leave is changing periodically. For disability cases, Matrix will ask for recertification based on the medical documentation provided by the provider and Matrix's guidelines.

If your STD/PFL or LTD claim is not approved, in whole or in part, your Integrated Claims Examiner will:

- Contact you to explain why your claim is not approved.
- Inform your employer of the leave denial.
- Send you a formal letter that documents the reasons for the denial and explains the appeal procedure.

RETURNING TO WORK

Throughout the entire process, your Matrix Integrated Claims Examiner will work with you, your provider, and your employer to determine a return to work plan specific to your needs and abilities. When appropriate, a Nurse Case Manager may also become involved. Matrix will contact you five days prior to your expected return to work date to verify your intent on returning. Matrix will then notify your employer.

Effective communication is a two-way process. Therefore, you are encouraged to call Matrix at (877) 202-0055 anytime you have questions or concerns about the program or your case. The Matrix Claims Service Center is available from 9 a.m. – 5 p.m. (PST), Monday through Friday to answer your questions.

For more information regarding your STD/PFL and LTD plans, please reference your Summary Plan Description. Also, please consult your Human Resources Department for more information on your leave of absence policy, job protection and rights while on leave.

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Matrix Absence Management

- **Medical Record Release**
- **Short Term Disability and Family Medical Leave**

_____
(Print Name)

By signing this card below, I hereby authorize my medical provider to release my medical records to Matrix Absence Management to assist in the review and processing of my STD/PFL or FMLA claim.

_____ _____
Date Employee Signature

FOLD HERE

STD/PFL – If you are absent from work due to an illness or injury or have a scheduled absence for reasons such as a hospital stay or scheduled surgery, you will need to contact Matrix Absence Management to report your claim. You can report your claim up to 30 days in advance of your absence. Your eligibility for benefits will be based on your company's certificate of insurance.

FML – If you or your family member have a serious health condition that is disabling, you may be allowed to take up to 12 weeks unpaid leave for your own serious health condition or to care for a family member with a serious health condition.

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Earnings and eligibility are defined per the policy and/or the summary plan description filed with and/or by your employer. Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.