



LEAVE OF ABSENCE REASON: Care of a Family Member
Report your leave of absence to Broadspire
Via phone at 866-357-1122 [available 24/7/365]

OR

Complete this reporting form, then email it to: NOL@choosebroadspire.com [email available only for reporting new claims]

PLEASE NOTE: Once claim is reported to Broadspire, submit all paperwork and documentation by either:
 FAX to 859-550-2744 or 770-723-8584 OR upload documents to portal at www.myleavetech.com [no email option available]

What is the reason for the leave?	Care of a Family Member
Do you work for the Hospital of the University of Pennsylvania--also known as HUP? [please indicate yes or no] <i>*NOTE: Children's Hospital--also known as CHOP--is NOT part of the University of Pennsylvania.</i>	
Do you have an <u>academic appointment</u> with the University?	NOTE: If you are a hospital employee but do <u>NOT</u> have an academic appointment, please contact the UPHS Disability Management Office at 215-615-2360 to request your leave. Broadspire does not handle your claims. However, if you are a hospital employee and <u>DO</u> have an academic appointment, please continue on with this leave request.
What are the last 4 digits of your social security number?	
May I please have your first name?	
And your last name?	
What is the best phone number to reach you?	
For verification, can you please provide your date of birth?	
Would you prefer to receive your claim information and paperwork via email or US Post Office?	
If preferred by email, what is the email address you'd like us to use?	
How will you be taking your leave time -- continuously [4 or more <u>consecutive days</u>] or intermittently ?	
What is the Start Date for this leave?	
And the End Date?	
If taking 4 or more <u>consecutive days</u> , what is the last day you will work before going out on leave?	
What is your current work schedule?	

What is your family member's name?	
What is this family member's relationship to you?	
What was the first date of injury/illness?	
What was the first date of treatment?	
Was there or will there be hospitalization?	
[IF YES] What date was the family member admitted?	
[IF YES] What date was the family member discharged?	
Is there a follow-up appointment?	
[IF YES] When?	
Treating Physician First Name	
Treating Physician Last Name	
Physician Mailing Street Address	
Mailing Zip Code	
Mailing City	
Mailing State	
Phone	
Fax	
Email	
Any additional notes/comments you'd like to include:	

FINAL NOTES, PLEASE READ:

Thank you. To help you better understand what to expect in the claim process, the following is some additional information with next steps:

First, a leave specialist will be assigned to your case, and if there is anything else they need, they will be in contact with you within two business days to obtain the necessary information. They also will be able to answer any plan or coverage questions.

Please note, you will receive a packet sent via the communication method you chose and the packet will contain claim information and critical documents necessary to process your claim including your permanent claim number. It's very important to use that permanent claim number on all submitted paperwork to ensure it is attached to the correct claim.

If you chose to receive your claim information by email, it will be sent from a choosebroadspire.com email address so please check your junk or spam folder if you do not receive it.

Some of the documents in your claim packet will need to be completed by the medical provider. Your leave specialist won't be able to make a decision on your claim until all of the completed documents are received, so please pay close attention to the due dates.

As a reminder, failure to provide the information or paperwork requested in a timely manner may result in the delay or denial of your request. The due date will be clearly stated in the packet you receive. If you miss the deadline, all time taken will be denied and may be subject to your company's attendance policies, possibly resulting in disciplinary action up to and including termination. If there are circumstances preventing you from submitting a completed form in a timely manner, please contact Broadspire as soon as possible.

In the future, if you've provided us with your preferred email address and you'd like an online option to check the status of your existing claim, upload documents or contact your specialist, please log onto the self-serve portal at www.myleavetech.com using the steps found in the packet you receive from us.

[INTERMITTENT ONLY] To report intermittent time in the future, you are required to report the time taken via your UPENN Workday system. UPENN will then log that time into the appropriate existing intermittent claim on your behalf. Please note, you will not be able to report instances of time away from work directly to Broadspire; only through Workday.

[CONTINUOUS ONLY] If your leave is for 4 or more consecutive days away from work, and depending on your job classification, you may qualify for short-term disability benefits. The claim packet you receive will contain information about any disability income benefits you may be eligible for.

If you do not receive your claim packet or if you have any questions during the claims process, please contact Broadspire at the number found at the top of this form.