



<b>What is your current work schedule?</b>
If you are not available to communicate during your leave, is anyone else authorized to speak on your behalf?
If so, what is their First Name?
Authorized Person Last Name?
<b>Is this a work-related injury or illness?</b>
Do you have a work comp claim number?
What was your first day of treatment?
Were you or will you be hospitalized?
<b>[IF YES]</b> What date were/will you be admitted?
<b>[IF YES]</b> What date were/will you be discharged?
Do you have a follow-up appointment?
<b>[IF YES]</b> When?
Treating Physician First Name
Treating Physician Last Name
Physician Mailing Street Address
Mailing Zip Code
Mailing City
Mailing State
Phone

Fax
Email
<b>[IF CONTINUOUS] What is the diagnosis for which you are requesting this claim?</b>
<b>[IF CONTINUOUS] For the period of disability covered by this claim, are you receiving/claiming any of the following:</b>
<b>Wages, Salary, Separation Pay? [if so, what dates?]</b>
<b>Worker's Compensation? [if so, what dates?]</b>
<b>Unemployment Insurance Benefits? [if so, what dates?]</b>
<b>Damages from a personal injury? [if so, what dates?]</b>
<b>Benefits under Federal SS Act for LTD? [if so, what dates?]</b>
<b>Any additional notes/comments you'd like to include:</b>

**FINAL NOTES, PLEASE READ:**

Thank you. To help you better understand what to expect in the future, a leave specialist will be assigned to your case, and if there are any questions, they will be able to answer them within 5 business days to obtain the necessary information. They also will be able to answer any questions you may have.

Please note, you will receive a packet sent via the communication system. The packet will contain all the documents necessary to process your claim including your permanent disability claim. Please ensure all documents submitted are attached to the correct claim.

If you chose to receive your claim information by email, it will be sent to the email address you provided. If you do not receive it, please check your spam folder if you do not receive it.

Some of the documents in your claim packet will need to be completed before a decision on your claim until all of the completed documents are received. Please ensure all documents are submitted by the due date.

As a reminder, failure to provide the information or paperwork necessary to process your claim may result in a denial of your claim. The due date will be clearly stated in the packet you receive. If you are unable to complete the necessary paperwork, please contact your leave specialist. If you are unable to submit a completed form in a timely manner, please contact your leave specialist.

In the future, if you've provided us with your preferred email address, please log onto the self-service portal to upload documents or contact your specialist, please log onto the self-service portal to receive from us.

**[INTERMITTENT ONLY] To report intermittent time in the future, please log that time into the appropriate existing intermittent leave type in Broadspire; only through Workday.**

**[CONTINUOUS ONLY] If your leave is for 4 or more consecutive days, you will qualify for short-term disability benefits. The claim packet you receive will be eligible for.**

If you do not receive your claim packet or if you have any questions, please contact your leave specialist at the top of this form.







e claim process, the following is some additional information with next steps:  
e is anything else they need, they will be in contact with you within two business  
rswer any plan or coverage questions.

ion method you chose and the packet will contain claim information and critical  
t claim number. It's very important to use that permanent claim number on all

be sent from a choosebroadspire.com email address so please check your junk or

mpleted by your medical provider. Your leave specialist won't be able to make a  
ived, so please pay close attention to the due dates.

: requested in a timely manner may result in the delay or denial of your request.

miss the deadline, all time taken will be denied and may be subject to your

on up to and including termination. If there are circumstances preventing you from  
adspire as soon as possible.

ddress and you'd like an online option to check the status of your existing claim,  
f-serve portal at [www.myleavetech.com](http://www.myleavetech.com) using the steps found in the packet you

**ire, you are required to report the time taken via your UPENN Workday system.**

**ttent claim on your behalf. Please note, you will not be able to report instances of**

**l.**

**e days away from work, and depending on your job classification, you may**

**ive will contain information about any disability income benefits you may be**

tions during the claims process, please contact Broadspire at the number found at