

Your disability program is managed by The Hartford, a leader in disability and leave services. It's a user-friendly benefit that helps provide essential support services while you're away from your workplace.

Arlington Independent School District

Policy #681065

# THE HARTFORD MAKES IT EASY TO FILE A CLAIM. JUST FOLLOW THESE STEPS.

#### STEP 1

# Know when it's time to file

If you're absent from work, we can advise you on when to file your claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

# STEP 2

# Have this information ready

- Name, address, and other key identification information.
- Name of your department and last day of active fulltime work.
- The nature of your claim.
- Your treating physician's name, address, and phone and fax numbers.

# STEP 3

#### Make the call

With your information handy, call The Hartford at 1-866-278-2655. You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim.

# TO FILE A CLAIM:

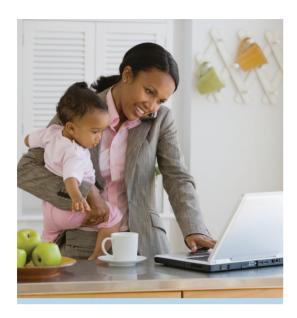


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#### **GET SUPPORTIVE ASSISTANCE**

Even after your claim has been filed, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle free experience until you return to work. Feel free to also call us with anything that's on your mind. We're here to help.

#### **RELAX AND STAY POSITIVE**

You have the assurance of our knowledge, experience and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

# **QUICK FACTS**

The Hartford's goal is to help get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We'll be there when you need us.

Prepare. Protect. Prevail.<sup>SM</sup>



(Please cut here and keep in your wallet.)

# WHEN YOU CALL THE HARTFORD WILL ASK YOU TO PROVIDE:

- Name, address, and other key identification information.
- · Name of your department and last day of active full-time work.
- The nature of your claim.
- Your treating physician's name, address, and phone and fax numbers

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