

## Reporting Your Medical or Family Care Leave

Lincoln Financial Group administers **Harvard University's** Short-Term Disability, Long-Term Disability, Family & Medical Leave, and Massachusetts Paid Family & Medical Leave Policies.

You can easily report a claim and/or leave and check the status through Lincoln Financial Group's secure website or by telephone. Please visit: [www.MyLincolnPortal.com](http://www.MyLincolnPortal.com) to access employee resources and online tools, as referenced below.

### When Do I Report a Medical or Family Care Leave?

**Your own serious illness, disability, or maternity leave:** You may report a claim up to 30 days in advance of a planned disability absence (such as childbirth or prescheduled surgery). You may also report a claim and/or leave as soon as you are hospitalized OR disabled due to illness or injury for 7 or more calendar days.

**Your family care leave, exigency leave, or your own intermittent leave:** You may report a leave when you will be out of work for more than 3 consecutive days or intermittently to care for an immediate family member suffering a serious illness, to care for a newborn, foster or adopted child, to take exigency leave, or for your own medical condition.

### How Do I Report a Claim/Leave?

1. Contact your manager, Faculty Affairs Contact, or Leave of Absence Specialist (or Local HR Contact) to report your absence.
2. For your own serious illness or disability, print this document, sign and date the Authorization to Release Information section below, and leave with your physician or medical care provider at your next visit.

*Note: Lincoln Financial Group 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.MyLincolnPortal.com](http://www.MyLincolnPortal.com). First time users must register using Company Code **Harvard**. Please have the following information available when you are reporting your claim and/or leave:
  - Your manager's name, telephone number and e-mail address
  - Reason you are out of work (own condition diagnosis/symptoms, care for family member, military leave)
  - Your last day worked, first day absent from work, and anticipated return to work date
  - and if for your own disability, your physician or medical care provider's name, address, fax & telephone numbers

Or you can call **1-844-600-3978** and speak with an Intake Specialist to report your claim and/or leave.

4. Keep a record of your claim number or leave ID. Reporting your claim and/or leave online provides the added convenience of printing a report which includes your claim number or leave ID and a summary of your details.
5. You may securely check the status of your claim online at [www.MyLincolnPortal.com](http://www.MyLincolnPortal.com) or by calling your Integrated Claims Specialist at **1-844-228-2501**.

### 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 Lincoln Financial 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: