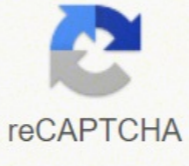




I'm not robot



Next

Short term disability alberta form



INITIAL DISABILITY CLAIM FORM

Failure to complete this form in its entirety may result in a delay in processing this claim.

FILING CLAIM FOR (check all that apply): Disability due to an Accident Disability due to a Disease Disability due to Pregnancy/Complications Disability due to Cancer

| General Policy Number | Accident Policy Number | Short-Term Disability Income Policy Number | Hospital Indemnity Policy Number | Hospital Indemnity Care Policy Number | Life Policy Number |
|-----------------------|------------------------|--|----------------------------------|---------------------------------------|--------------------|
| | | | | | |

INSTRUCTIONS:

- Complete and sign Section A: Policyholder/Patient Information.
- Your employer should complete and sign Section B: Employer's Statement.
- Your physician should complete and sign Section C: Physician's Statement.
- The date should be completed on or after the final date of your disability, hospitalization, and/or surgery. Forms completed prior to the initial date of your disability, hospitalization, and/or surgery, may result in a delay in processing this claim.
- If you are a contract, WFL, or self-employed worker, please submit your prior year tax return (Schedule C) and current year estimated tax payments (EASSES).
- If hospitalized and/or confined to an intensive care unit/step-down unit, please send a copy of your hospital bill showing charges and the number of days you were confined. These items can be obtained directly from your health care provider(s) by requesting a UB04 (hospital bill) or HCFA 1500 (outpatient bill).
- Please include a certified copy of the death certificate if the patient is deceased.
- This claim form should be completed on or after the final date of your disability, hospitalization, and/or surgery. Forms completed prior to the initial date may result in a delay in processing this claim.

Policyholder Information
(Please print.)

First Name _____ Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Check box if this is a new permanent address:

Social Security Number _____ Phone Number _____

Patient Information
(Please print.)

First Name _____ Initial _____ Last Name _____

Relationship: Primary Policyholder Spouse Male Female Patient Birth Date: _____

If unemployed, date unemployment began: _____

Date of incident: _____
If due to an accident, please give date, details, and location of the accident.

Describe where and how the incident occurred: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

CLAIMANT SIGNATURE _____ FAMILY RELATIONSHIP, IF NOT POLICYHOLDER _____ DATE _____

Attention: Family Life Assurance Company of Columbus (FAC)
Attention: Claims Department - Workers' Compensation - 1032 Wynnton Road - Columbus, GA 31999
For information or help filing your claim, please call toll-free 1-800-89-ALAC (1-800-890-3522) or visit our web site at alac.com
Toll-free fax number: 1-877-64-ALAC (1-877-642-2522)

Page 1 of 4

Documentation of Disability Form

TO BE COMPLETED BY A PHYSICIAN OR QUALIFIED HEALTH CARE PROFESSIONAL

IMPORTANT: Please include Job Description/Classification Specification for Your Provider!

The Equal Opportunity and Compliance Office requires that employees requesting an accommodation provide current documentation about their physical or mental impairment. Eligibility is based on documented medical data and just will require an evidence of diagnosis. The purpose of this form is to assist the University of North Carolina at Chapel Hill in determining whether or not an employee has a disability as defined by the Americans with Disabilities Act (ADA), and if yes, whether or not a reasonable accommodation can be granted to assist the employee in performing one or more essential functions of his or her job safely and effectively. As the diagnosing professional, we ask that you complete fully all sections and provide a brief narrative where applicable. Please review the job description or classification specification prior to completing this form.

Employee Information:

Name: _____ Gender: Male Female
 Department/Unit: _____ Division/Title: _____
 Current Work Schedule/Skill: _____

Primary Diagnosis: (Must be current; please attach any related test results.)

Date of Diagnosis: _____
 Diagnosis: _____

History of Diagnosis: _____
 Nature & Severity: _____

Temporary or Long-term: _____
 If Temporary, Duration: _____

The University of North Carolina at Chapel Hill is an Equal Opportunity Employer.

OUR VALUES

Everyday, we demonstrate our values in our actions and decisions.

Integrity

Acting with honesty and fairness and being accountable for our actions.

Acting with compassion and sensitivity toward the needs of others. Respecting and valuing our relationships with clients, partners, employees and

Caring

Family

Believing family is of fundamental importance and actively engaging them in all aspects of our services.

Team


Being supportive of each other's efforts, loyal to one another and working as a team of teams.

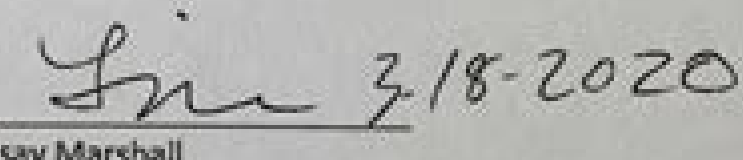
UPS / IBT COVID-19 MOU Outline

- **Duration** (3/17/20 until national emergency is lifted)
 - Will be retro for anyone who went out prior to 3/17/20 but otherwise would have qualified
- **Paid Leave**
 - Only for those directly impacted
 - (1) Employee is diagnosed with COVID-19 or is required by government, public health official, doctor, or UPS to be quarantined
 - (2) Employee's immediate family member who resides in the same household is diagnosed with COVID-19 and is thus forced to quarantine
 - Must provide proof of diagnosis or requirement to quarantine
 - Scenarios 1 and 2 above are the only situations in which paid leave under this MOU applies
 - Pay while on leave:
 - 8 hours per work day for a FT employee, max of 10 work days
 - 3.5 hours per work day for a PT employee, max of 10 work days
 - H&W and Pension contributions will be made as required by the supplement for these hours
 - If an employee self-quarantines, uses paid time off (PTO), and is later diagnosed with COVID-19, the company will re-populate the PTO up to the 80/35 hour limits set forth above
 - After 10 days, employees directly impacted can use accrued PTO as provided by a supplement (sick days, option days, vacation days) irrespective of language in the contract that might require advanced scheduling
- **Attendance**
 - Any employee directly impacted missing work as set forth above will not have those days counted as an attendance infraction
- **Re-evaluation**
 - The parties agree that this COVID-19 situation is unprecedented and that many additional issues may arise as time goes on. This could include governments shutting down cities or towns where UPS does not get special permission to operate as critical infrastructure provider. The parties will communicate on a going forward basis and will pursue further agreements as needed to deal with this issue and others related to the current pandemic.

IBT

UPS

By  3/18/20
 Denis Taylor
 Chairman, Teamsters National
 Negotiating Committee

By  3/18/2020
 Lindsay Marshall
 President, UPS Labor Relations

How much does short term disability pay alberta. How long is short term disability alberta. How to get short term disability forms. Alberta blue cross short term disability forms.

Phase one. Make sure you have all the documents you need. Requirements may vary depending on the type of performance and your particular plan. You can find specific request requests for each benefit in the coverage section of the MEDEE Mobile app or member services website, or in your benefit book. If required: 226; *Reception for your payment can be requested for specific benefits*: 226; *Prescription by a doctor or other health care professional means an article describing all the services provided; Hello? In some cases, this information will be included in the receipt that was given to you by your healthcare provider at the time of the service. Otherwise, special forms for some benefits are available for download and will have to be filled in by your healthcare provider. Please note that health services must be provided by a healthcare professional recognised in Medvie Blue Cross in order to benefit from the coverage. You can find an authorized provider through the Medvie Mobile app, or use our online search tool to find one that offers the ePay direct payment service. Last update: December 24, 2021 Regular employees may be admitted to long-term disability (LTD) if working in a position that is at least half-time to have six months active service has completed six months of 160; Brief Illness and Lesotho Plan (STHP) 194; 160; the benefits are under the regular care of a doctor have sufficient medical evidence to support their LTD; 160claim as © very specific conditions apply.194; 160; please contact AskMyHR 160; for details of eligibility. Send a service request using the Myself categories (o) My team or organization > Leave > The disease leave. Add/ld'nella Riga Object. Applying for LTD Ask a question at least before 194; 1608 weeks before the end of your illness and injury cycle. Youp- 160; must present all the parts of A. 160; Your application for long-term disability completed (PDF, 1.1MB), including the part of the doctor, within four weeks later Period of short-term sickness and injury plan. D\$160; If you have not submitted your application within this time limit, you will be presumed to have abandoned your application. If you have not waived your application, you must demonstrate to the Administration of Plan 194; 160; that there were reasonable grounds for not applying it during the prescribed period. For the application Read the194; 160; Guide Complete the194; 160; 160; PortonA 160; of the application Get your194; 160; doctor to194; 160; Complete the physicality A×1/2 part of the application and provide you within 194 with all available medical information (such as test results, specialist reports and x-x). These records will help PØ 160; speed up your enquiry Email, fax is 160; or send the complete package to: Canada Life Suite 500PØ 160;-AA 1055 Dunsmuir Street Vancouver, BC194; V7X 1K8 Phone: 1-888-4111 Fax: 1-844-816-1038 Email Once all documentation has been submitted, call Life Life Life to check the status of your application. Your employees on LTD 160; they are required to: make every effort to manage and cure from illness or injury remains under the care of a physician Provider Canada Life with all required information about their medical condition, treatment, and possible return to work participate fully in recommended treatment programs Participate in, and cooperate with, work planning, rehabilitation and return to work planning, where appropriate Stat194; 160; in contact with their supervisor and all other professionals involved, such as 194; 160; Payments are paid by direct installment at the end of each month; Bargaining unit employees receive 70% of the first \$2,700 of their regular monthly earnings plus 50% of earnings over \$2,700 Excluded employees receive 70% of the first \$2,600 of their regular monthly earnings plus 50% over \$2,600. contact Canada Life for any other income received as a result of illness or injury, such as: WorkSafeBC ICBC Private Insurance EI CPP Income Assistance Other Benefits While on LTD, LTD, continue to be covered for: group life insurance Extended health care Dental Plan Health and well being194; 160 services, such as short-term counselling, healthy living services, food support, personal financial planning, and many more. With regard to health and wellness services, the Public Services Pension Plan: Pension contributions are not required while they are on LTD. However, employees continue to be enrolled and will be credited with pension benefits Excluding employees in a flexible benefit plan (194;160; but are required to pay premiums for benefits in excess of basic coverage. Rehabilitation and Return to Work Employees and supervisors will need to work with a business consultant (during the LTD period) and an occupational health nurse or a damage recovery specialist to achieve the best result. Options include modified work duties, reduced hours or retraining and finding alternative work if an employee is constantly prevented from returning to work. Plan a trial period with your support team for a gradual return to work to readjust and build resilience. Employees are paid for hours worked during the process and will continue to receive LTD 160; benefits for hours not worked. If you have any questions about your pay, please contact AskMyHRÁ by submitting a service request using the categories Myself (o) My Team or Organization Á > Pay LTD Coverage Period is 160; benefits start after STHPÁ 160; period ends, provided Canada Life has reviewed and accepted your application for LTD benefits. Benefits continue as long as the conditions of the LTD plan are met and remain invalid, but end on the last day of the month in which you turn 65 (60 for employees of the CB) If you are in LTD and are close to 65 (60 for BC Corrections employees), or for any other LTD related question, contact AskMyHR by submitting a service request using Myself (or) My team or organization > > & Time Off> sick leave. Add /td'Ae to the object line. LTD Report Read the current BC utility agency from 2020 to 2021 A Long Tight Disability Plan Annual Report (PDF, 599kb). 599kb).

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