

HOW TO FILE A LEAVE OF ABSENCE CLAIM WITH SEDGWICK



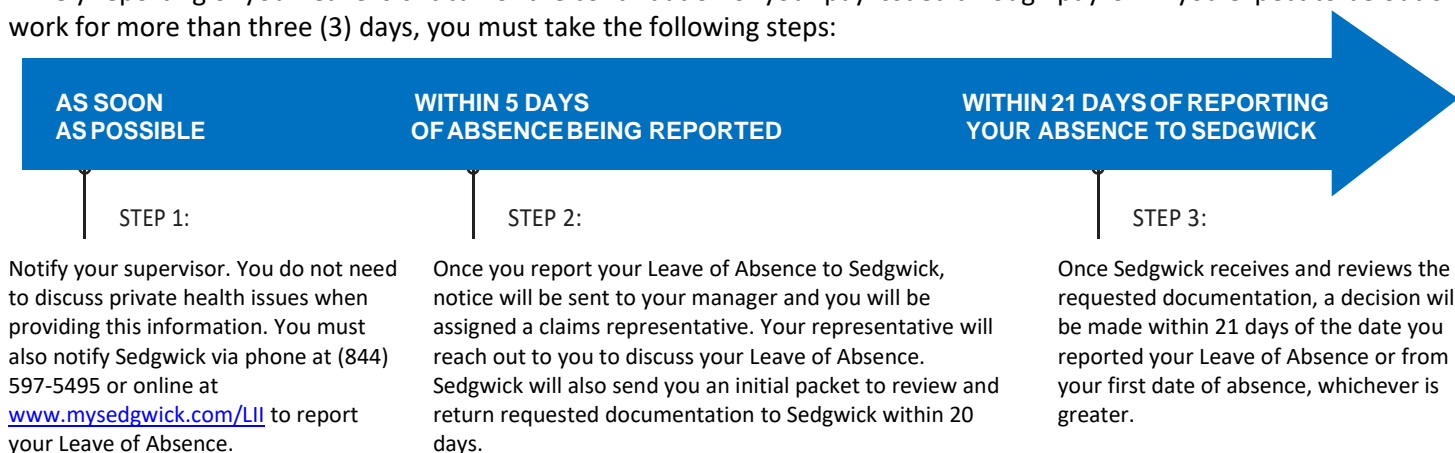
sedgwick
caring counts

Phone: (844) 597-5495 | Web: www.mysedgwick.com/LII | Fax: (866)856-4862 | PO BOX 14495, Lexington, KY 40512-4424

In an effort to improve processing time and simplify the claims experience for employees, Lennox has partnered with Sedgwick, to administer the Short-Term Disability (STD), State and Family and Medical Leave Act (FMLA).

How to Report a Leave of Absence

Timely reporting of your leave is critical for the continuation of your pay issued through payroll. If you expect to be out of work for more than three (3) days, you must take the following steps:



Authorizing The Release Of Your Medical Information

The release of medical information to Sedgwick is critical for the evaluation of your request for Medical or Family Care Leave. To facilitate this release, Sedgwick will provide you with a “Medical Authorization for Release of Information” form within 5 days of your claim being reported.

✓ If sufficient written medical documentation is not received from your provider within 20 days of your request for leave, your leave may not be approved. Detailed medical information may be required.

✓ It is important that you follow up with your provider and Sedgwick to make sure your healthcare provider has submitted the proper disability documentation to Sedgwick within the required timeframe.

✓ It’s also helpful that you ask your provider to be as specific as possible when certifying the number of hours per month that you will have to miss work if applicable.

Information You Will Need To Report A Leave of Absence

Depending on the type of leave, you will be asked to provide some basic information. Having the following information readily available when you report your absence to Sedgwick will speed up the process:

✓ **Personal Information:** Name, address, telephone number, and the last four digits of your Social Security Number.

✓ **Job Information:** Job title, job description, workplace location and address, work schedule, supervisor’s name, first date of absence and last day worked.

✓ **Illness/Injury Information:** Nature of the illness, how, when, and, if applicable, where the injury occurred, the date your disability began and when the disability commenced.

✓ **Provider Information:** Name, address, telephone number, and fax number for each treating provider.

Sedgwick makes it easy for you to file a claim 24 hours a day, 7 days a week.
Go to www.mysedgwick.com/LII to file a claim.

Or, if you don’t have Internet access, you can call (844) 597-5495

LENGTH OF SERVICE	FULL SALARY CONTINUED	66 2/3% OF SALARY
1 - 6 months	2 weeks	24 weeks
6 months - 1 year	4 weeks	22 weeks
1 - 3 years	8 weeks	18 weeks
3 - 5 years	16 weeks	10 weeks
5 - 10 years	20 weeks	6 weeks
Over 10 years	26 weeks	N/A

NOTE: For details on maternity benefits, review your employee handbook.

Please note that your own serious health condition including pregnancy, care of a qualified family member with a serious health condition, care of a qualified service member, qualifying exigencies arising out of a family member's call to active military service, or birth, adoption, or foster placement of a qualified child may qualify for leave under the federal Family and Medical Leave Act (FMLA) as well as state leave laws similar to the FMLA. Sedgwick will assist you in determining the type of leave which you are entitled to and qualify for, based on your employer's absence policy and consistent with applicable law.