



Reporting a Short Term Disability Claim and/or Leave Request NEW YORK UNIVERSITY (Company Code: newyorkuniv)

When to Report a Claim or 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 **or** as soon as you are aware that you will be out for 4 or more consecutive work days.

Your family member's serious illness, military leave, or your own intermittent leave*: You may report a leave when you will be out of work for 4 or more consecutive work days, or intermittently to care for an immediate family member suffering a serious illness or to care for a newborn, foster, or adopted child.

**For an intermittent leave, you must report each absence within two (2) business days.*

How to Report a Claim or Leave

1. **Contact your supervisor** to report your absence.
2. **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: Liberty requires your physician to provide information about your medical condition; if this information cannot be obtained, benefits may be delayed.*
3. **Have the following information available** when you report your claim or leave:
 - Your physician or medical care provider's **name, address, and telephone and fax numbers**
 - Reason (**diagnosis/symptoms**) you are out of work
 - Your **last day worked, first day absent** from work, and anticipated **return to work** date
4. Follow the below instructions to report a claim or leave **online or by phone** 24 hours a day, 7 days a week.
5. **Retain** a copy of this authorization and the claim or leave number assigned to you. *Note: reporting online provides you an opportunity to print a confirmation statement.*

TO REPORT A CLAIM OR LEAVE ONLINE

- Visit **MyLibertyConnection.com**. If you are a first-time user, complete a site registration:
 - Click "Register" in the New User box
 - In the Company Code field, enter **newyorkuniv** and click "Validate"
 - Complete the remaining required fields and create your username and password
 - Click "Register" to complete your MyLibertyConnection registration
- Click "Report a New Claim or Leave of Absence" and answer a few sample questions.

TO REPORT A CLAIM OR LEAVE BY PHONE

- Call **888-339-6830** to speak with an Intake Specialist.
- Provide **newyorkuniv** when asked for a Company Code.

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 Liberty Mutual 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. 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 _____

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New claims/leaves: MyLibertyConnection.com or 888-339-6830

Active claims: 888-440-6118 | **Active leaves:** 877-353-7188