

# Reporting a short-term disability claim by telephone

## When to report a claim

- We suggest you call no more than 30 days in advance of a planned medical absence, such as a prescheduled surgery or an expected maternity leave.
- If your health care provider has determined you are unable to work because of a non-work-related illness or injury or for maternity reasons.
- If you are injured at work. (Notify your manager or supervisor immediately, unless it is an emergency.) Do not use the toll-free number for work-related injuries.

## How to report a claim

1. Notify your manager or supervisor and HR representative of your absence from work. If you are injured at work, notify your manager or supervisor immediately (unless it is an emergency).
2. Visit the health care provider.
3. Complete the attached authorization form. This form authorizes the release of the treatment information we need to process any benefit for which you may be eligible.
4. Give the health care provider the signed and dated authorization form (attached) and fax a copy to Aetna.
5. Review your health care coverage. If you or your spouse are insured by Aetna for health care, you will be asked to provide your consent, which will allow Aetna to integrate your medical and disability claim management in order to coordinate care.
6. File your claim by calling the toll-free number below:

### Disability Service Center

STD claims: **1-866-326-1380**

Fax: **1-866-667-1987**

Monday – Friday

8 a.m. – 8 p.m. ET

## Information needed to submit a claim

The following information may be required when you make your claim request. Filing your new claim should take about fifteen minutes. Please have this information ready when you call us. If someone else makes the call on your behalf, he or she will need to provide this information.

### Checklist

- Name of your employer
- Physician's name, address, fax and phone number
- Your name and Social Security number
- Your complete address and phone number
- Your date of birth
- Your marital status
- Your occupation (or job title)
- Supervisor's name and phone number
- A brief description of your medical condition, including cause of condition (illness or injury), date of injury or beginning of illness, and whether it is work related
- The dates of your first visit, your most recent visit, and your next scheduled visit with your health care provider for this condition
- Your last day worked and your first day absent from work resulting from this condition
- The date you expect to return to work (if you know) or the actual date if you have already returned to work
- Work restrictions or limitations advised by your health care provider, if any

Prompt and complete information from you and your health care provider will help ensure a timely decision and payment if you are eligible.

NOTE: Please ensure that you sign the enclosed Authorization Form which gives Aetna authorization to obtain medical information from your treating provider(s) in order to certify your claim. Failure to do so could result in a delay in the processing of your claim.

## Claim fraud warning statements

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially 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.

### Attention Arkansas, Louisiana, Rhode Island and West Virginia

**Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention California Residents:** For your protection, California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Attention Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Attention Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Attention Kansas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

**Attention Kentucky Residents:** 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 materially 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 may subject such person to criminal and civil penalties.

**Attention Maine and Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Attention Maryland Residents:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Attention New York Residents:** 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 materially 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Attention North Carolina Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

**Attention Ohio and Pennsylvania Residents:** 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 materially 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.

**Attention Oklahoma Residents:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Attention Oregon Residents:** Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

**Attention Puerto Rico Residents:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Attention Vermont Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

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

**Attention Washington Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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This material is for information only and is not an offer or invitation to contract. Disability insurance plans contain exclusions and limitations. Not all disability services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

Policy forms issued in Oklahoma include: GR-9/GR-9N and/or GR-29/GR-29N.

[www.aetna.com](http://www.aetna.com)