

7/1/13

SHORT / LONG TERM DISABILITY CLAIM FORM

1 TEACHER (NPUT)

- A ONLY Long Term Disability is available as NPUT has the Sick Bank available for up to 165 sick days.**
- B Coverage under Part A is provided by the Trust to 70% of one's salary up to \$ 60,000 . Additional coverage under Part B may be purchased to cover 70 % of one's full salary, to a maximum of \$ 171,429.**
- C There is a 180 day deductible period (including weekends).**
- D During the deductible period one may use their personal accumulated sick leave and Sick Bank days.**
- E If the personal accumulated sick days are exhausted and the Sick Bank days are denied / terminated prior to meeting the deductible period then one's salary terminates. At this point, to protect your position a non-salaried leave should be requested.**
- F Coverage continues until you return to work or Social Security retirement age.**
- G The plan is applicable during the summer months.**
- H The disability does not have to be job related.**

2 NON-TEACHER (ALL UNITS / MEMBERS OTHER THEN NPUT)

- A Short Term Disability is available to all non-teacher units.**
 - B Coverage is provided by the Trust to 70 % of one's salary for 180 days.**
 - C There is a 30 day deductible period (including weekends).**
 - D During the deductible period one may use their personal accumulated sick leave and transfer sick days from within their unit, if available.**
 - E If the personal accumulated sick days are exhausted and the transfer days are denied / terminated prior to meeting the deductible period then one's salary terminates. At this point, to protect your position a non-salaried leave should be requested.**
 - F The plan is applicable during the summer months.**
 - G The disability does not have to be job related.**
- IF THE DISABILITY CONTINUES BEYOND 180 DAYS THEN:**
- H Long Term Disability is available to 70 % of one's salary .**
 - I Coverage continues until you return to work or Social Security retirement age.**
 - J The 180 day deductible was met under the Short Term Disability plan.**
 - K The plan is applicable during the summer months.**
 - L The disability does not have to be job related.**

SHORT / LONG TERM DISABILITY CLAIM FORM

3 THE AWARD FROM UNUM INSURANCE FOR YOUR DISABILITY WILL BE REDUCED BY ANY OTHER GROUP AWARD. HOWEVER, UNUM MUST PAY A MINIMUM OF 10 % OF YOUR AWARD. THE FOLLOWING WILL REDUCE YOUR AWARD:

- SALARY CONTINUATION (Sick Bank or Sick Leave Transfer)
- NYS TRS OR ERS DISABILITY PENSIONS
- SOCIAL SECURITY DISABILITY AWARDS
- WORKER COMPENSATION AWARDS

4 COMPLETING THE SHORT TERM DISABILITY (STD) AND / OR THE LONG TERM DISABILITY (LTD) APPLICATION

A POLICY NUMBERS

Short Term Disability	0132768-001
Long Term Disability	118669-017
Term Life / AD&D Insurance	118668-017

B PART A ATTENDING PHYSICIAN'S STATEMENT

Fill in the heading of this form and send to the doctor directing your care.
The doctor may want to send / fax it in himself. If so, have him send you a copy and if he would fax/send me a copy or you fax/send me a copy.

C PART B CLAIMANT'S STATEMENT

This is for you to fill out.
On page 2 you can list others doctors that have treated you which Unum may contact.
Send / fax me a copy.
You should contact the doctors listed and advise them that Unum may be contacting them about your disability claim and the importance of responding promptly.

D PART C EMPLOYMENT STATEMENT

Fill in the heading of this form and send to Richard Linden at the District Business Office. It will be returned to me and I will send you a copy.

E AUTHORIZATION

You **MUST** sign and date this form.
Send / fax me a copy of this along with Part B.

The reason to get the original or copy of all these forms to me is that I can put them directly on the Unum computer as a completed application. When I get 2 of the three parts I fax them to Unum. This gets the case logged in. You may receive a letter stating that only two of the three parts were received until the missing part is sent / faxed in.

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