

How to file an FMLA, Disability or Supplemental Health Benefit Claim

Simple, easy, convenient: Starting your absence from work

Your employer has contracted with Reliance Matrix to administer its Family Medical Leave Act (FMLA), Short Term Disability (STD), Long Term Disability (LTD) and Supplemental Health benefit programs. Supplemental Health benefit programs include Accident, Critical Illness, Cancer and/or Hospital Indemnity coverages. This document explains how to file a claim with Reliance Matrix.

STD and LTD disability benefits

Disability and/or Leave Plans may provide partial pay benefits as financial assistance during an absence from work due to your own medical condition. Your eligibility for such benefits and the amount of pay available vary with each plan. When you apply for disability benefits we will apply the rules of your employer's plan to determine your eligibility and the amount of benefits, if any.

FMLA leave

FMLA is a federal law that provides job protection so eligible employees can take up to 12 weeks of unpaid leave for qualifying life events.

Supplemental Health benefits

These benefits include Accident Insurance, Critical Illness Insurance, Cancer and/or Hospital Indemnity Insurance and are affordable options to help employees meet out of pocket medical expenses in the event of an accident, critical illness or hospitalization.

Information you will need to report a disability, FMLA leave or supplemental health claim

Depending on the type of benefits, you will be asked to provide some basic information. Having the following information readily available when you report your absence to Reliance Matrix 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 and telephone number, date of hire and last day worked



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



Provider Information: Name, address, telephone number and fax number for each treating health care provider

How to report a disability, FMLA leave or supplemental health benefit

It is important to report your claim timely. It’s easy to file a claim via mobile app, web, or by phone (see Step 2 below).
If you expect to be out of work for more than three days*, you must take the following steps:

Step 1:	Notify your supervisor and/or your local human resources department. You do not need to discuss private health issues when providing this information.
Step 2:	<p>To file your claim directly on the web, just go to matrixabsence.com. If you’re accessing our web portal for the first time, you will need to set up an account.</p> <p>Call The Benefit Connection at (877) 550-2363 and use the IVR options to route to Reliance Matrix, or call Reliance Matrix directly at (877) 315-9838. Provide your information such as illness/injury, job title, and health care provider information.</p> <p>Finally, you can download the Reliance Matrix Mobile App by scanning the QR code, or by searching Reliance Matrix Mobile App in your smartphone or tablet’s app store (iOS or Android).</p> <p>Within 24 hours of filing a claim, you will receive an absence packet explaining what (if any) additional documentation is needed.</p>
Step 3:	Submit the requested documentation for claim processing.



NOTE: You may also be required to file a claim for state disability or state family leave benefits depending on location. If that applies, specific state information will be in your claim packet.

*NOTE: Ordinary short-term illnesses such as a cold or the flu generally will be covered by regular sick pay or other time off programs, if available from your employer, and do not need to be reported as outlined in this document.

Authorizing the release of your medical information for benefits

The release of medical information is critical for the evaluation of your claim. To facilitate this, Reliance Matrix will provide you with a “Medical Authorization” form within 24 hours of the filing of your claim.

- We will contact your health care provider directly within 24 hours of receiving your claim to obtain medical certification.
- Your health care provider may also ask you to sign their specific authorization form. If they do, please sign it. This release authorization will expedite the processing and payment, if applicable, of your claim.
- If information is not received from your health care provider within 15 days of your request for leave, your leave may not be approved.
- It’s important that you follow up with your health care provider and Reliance Matrix to make sure proper documentation is sent within the required timeframe.
- It’s also helpful to ask your provider to be as specific as possible when certifying the amount of time that you will have to miss work.

What to expect next

Benefit eligibility is confirmed

Within five business days of filing your claim, you will be notified in writing whether you are eligible for the requested benefit (based on hours, service and disability enrollment, if applicable).

Medical information, if applicable, is obtained

If you filed a disability claim, your health care provider will be contacted to discuss your medical information, treatment plan, prognosis, and functional abilities. You may also be contacted to discuss the following:

- The information you initially reported
- Your medical condition, including the impact it has on your ability to do your job, and your treatment plan
- The evaluation procedures used under this program

The frequency with which we contact you will depend on your individual circumstances and the expected duration of your absence from work. Periodically, your provider may be contacted to discuss your current medical condition. Additional medical information may be needed in order to continue benefits under the disability programs.

Initial decision is made

Once all the pertinent information has been obtained, we will make an initial determination regarding your request.

- For STD, LTD and supplemental health claims, a decision will be made upon receipt of the information and will be based on the plan definition as outlined in the policy.

Additionally, the decision may be based on other factors such as:

- Activities you can and cannot perform
- The circumstances of your condition, treatment plan, and prognosis
- The requirements of your job and your ability to perform the job
- For FMLA claims, a decision will be made according to the relevant requirements governing all leave of absence claims.

Follow-up

Occasionally Reliance Matrix may need more information to continue or extend your disability benefits. If that is the case, we will contact you with directions.

Important notes about STD benefits

STD benefits may be payable when you are unable to perform the essential elements of your job (as determined based on information provided by your employer) due to an illness, injury or pregnancy.

In addition, you must be receiving appropriate care and treatment from a qualified health care provider on a continuing basis. If your STD claim is approved, benefit payments will be issued on a regular schedule during the approved period of disability.

Long term disability (LTD)

If you continue to be disabled, you have an STD claim on file, and you are enrolled in LTD, Reliance Matrix will review your claim to determine if documentation on file certifies you as totally disabled beyond the STD Maximum Duration. If so, Reliance Matrix will bridge you from STD to LTD without the need for you to complete a separate application. Being bridged does not mean you will automatically be approved for LTD benefits. If your claim is not bridged to LTD, and you wish to apply for LTD, please contact the examiner handling your STD claim to discuss filing options.

If your LTD claim is approved, monthly benefit payments will be issued by Reliance Matrix.

If your claim is not approved, in whole or in part, we will:

- Contact you to explain why your claim is not approved
- Inform your employer of the denial
- Send you a formal letter that documents the reasons for the denial and explains the appeal procedure

Returning to work

Throughout the entire process, Reliance Matrix will work with you, your provider in some cases, and your employer to determine a return to work plan specific to your needs and abilities. We will contact you five days prior to your expected return to work date to verify your intent on returning. Reliance Matrix will then notify your employer.

Effective communication is a two-way process. You are encouraged to call Reliance Matrix at (877) 315-9838 anytime you have questions or concerns about the program or your case. The Reliance Matrix Claims Service Center is available from 7 a.m. to 7 p.m. (MT), Monday through Friday to answer your questions.

For more information regarding your STD, LTD, and Supplemental Health plans, please reference your Summary Plan Description. Consult your Human Resources Department for more information on your leave of absence policy, job protection, and rights while on leave.

This information is not an insurance policy and does not describe the entire plan. For more detailed information you must ask your employer's Human Resources benefit manager. There is a detailed description of the plan's provisions, limitations, and exclusions in the Certificate of Insurance, which is issued to you after your application is processed.

Coverage is underwritten by Reliance Standard Life Insurance Company. Product features and availability may vary by state.

For more information, visit reliancematrix.com.

