



SHORT TERM DISABILITY CLAIM FILING INSTRUCTIONS & AUTHORIZATION

All Short Term Disability (STD) claims for the Archdiocese of New Orleans employees are administered by Guardian. Guardian's telephonic claim filing service ensures that your STD claims are properly filed and administered to protect your benefits and ensure that qualified claims are processed appropriately. You will be able to initiate an STD claim by simply calling our toll-free number.

Any time you are missing work or expecting to miss work for 30 days or more due to your own serious medical condition, simply follow these instructions and tips to help ensure your claim is processed as quickly as possible.

First:

- Follow the Archdiocese of New Orleans' requirements for reporting absences.
- Call the toll-free claim filing number, **1-888-262-5670**, **Monday through Friday** during the hours of **8:00am – 8:00pm (EST)**. ***You should call to initiate your claim as soon as your leave begins.*** Your call will initiate your STD claim.
- **To Start a New Claim:**
 1. Call 888-262-5670; a family member may call on your behalf if you are unable to do so.
 2. Listen to the message, press 1 for member, and then press 1 again to begin a new claim.
 3. Enter your group plan # 538250
 4. Listen to the message and press 2 for Opening a New Claim
- Please be prepared to provide the following information to the phone representative who will begin the filing process:
 - ✓ Your full name, address, telephone number and social security number
 - ✓ Your physician's name, address, phone number and fax number
 - ✓ If you have not already done so, please sign the authorization form on the back of this page.

During the call, Guardian will collect information from you. Your claim will not be fully reviewed until we receive your health certification information from your physician and confirm your eligibility with the Archdiocese of New Orleans. Guardian's STD area will request your health certification information directly from your physician on your behalf.
- **Please inform your physician that a Guardian representative will be contacting their office by phone to obtain medical information concerning your disability claim.**

Second:

- The second page of these instructions serves as an authorization for Guardian to obtain medical information from your physician(s) to administer your STD claim.
- **It is extremely important that you provide copies of this signed authorization to your physician's office and ask your physician to retain a copy of the signed authorizations in your medical file.**
- Be certain to advise your physician that a representative from Guardian will be contacting him or her in the near future to obtain medical information.

Note: Your physician should be advised that their failure to supply this medical information to Guardian may cause undue delays in the processing of your claim. However, if we experience a delay with obtaining your information, our Medical Specialist will contact you for assistance.

- Once Guardian receives your medical and health information, it will be reviewed and a claim decision will be made for your STD benefits.

Once your claim has been initiated, for follow up questions on ongoing claim status, you may call 1-888-889-2953 for assistance.



AUTHORIZATION

Authorization:

In order to determine if Short Term Disability benefits are payable, Guardian requires your authorization for the release of medical information pertaining to your claim. Please authorize the release of this information by signing below and ask your physician(s) to retain a photo-copy of this authorization. You should also advise your physician that a Guardian Representative will be calling shortly to obtain the needed information. **Please retain this original Authorization, in the event that it is needed in the future.**

I authorize my physician and/or medical provider to disclose to Guardian any information regarding my diagnosis, treatment, disability status and medical history.

Employee Name – First Name and Last Name (please print)

Employee/Patient Signature

Date