



Short Term Disability Telephone Claim Submission*

If you incur a non-occupational sickness or disability resulting in an absence of more than 7 consecutive calendar days, please follow these steps:

1. Notify Your Supervisor

- ✓ Provide your supervisor with a medical note from your physician. It should indicate the (1) start date of the leave and (2) an estimated end date of the leave.
- ✓ DO NOT include diagnosis on the medical note.
- ✓ Be sure your supervisor completes a "Go on Leave" HRTS Transaction in Sinai Central.

2. Gather Important Information

You are required to call in your disability claim to Prudential regardless of your pay status. *If you are receiving pay (your accrued sick time), while on disability, you must still call in.* Before you do, you must have the following information available:

- ✓ Where you work
- ✓ Control number 46682
- ✓ Social Security Number
- ✓ Your home address and phone number
- ✓ Date of Birth
- ✓ Job Title
- ✓ Doctor's name and telephone number
- ✓ A brief description of your medical condition
- ✓ Is the absence work related
- ✓ You must call within 2 weeks from your last day worked to avoid suspension to your pay.

3. Call Prudential

Call (800) 842-1718 to submit your claim to Prudential.

4. Telephonic Disability Claim Brochure

Attached is the Disability Claim Brochure. The brochure includes a disability benefits card that you will need to continue to process your claim.

You may also obtain a Disability Brochure from your:

- ✓ Your local Human Resources Department
- ✓ Human Resources intranet at <http://intranet1.mountsinai.org/humanresources>
- ✓ Your supervisor

5. Disability Benefits Card

Present or fax a copy of the disability benefits card to your physician. Your physician will need to refer to this card to release any necessary information, regarding your disability, to Prudential. You can obtain the status of your claim by calling Prudential at (800) 842-1718 or by visiting the website at www.Prudential.com/disability

* NYSNA, Local 1199 and Local 32BJ members should contact their union.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct My Providers to release and disclose my entire medical record without restriction.

This information is to be disclosed under this Authorization so that Prudential may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 2) obtain reinsurance; 3) administer coverage; and 4) conduct other legally permissible activities that relate to any coverage I have or have applied for with Prudential.

This authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to Prudential at: PO Box 13480, Philadelphia, PA 19176. I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization to the extent that Prudential has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization to release the entire medical record, Prudential may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to receive a copy of this authorization.

The statements made by me on this claim are true and complete.

*Limits, if any:

Claimant Signature Date

Print Name

Notice to Montana residents:
You or your authorized representative are entitled to receive a copy of this Authorization, and upon request, a record of any subsequent disclosures of personal or privileged information.

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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA and UTAH 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 material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VERMONT: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

WASHINGTON RESIDENTS: Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

Short Term and Long Term Disability coverages are administered by The Prudential Insurance Company of America, 751 Broad St., Newark, NJ 07102, 1-800-290-5903. (Contract Series 83500) Please refer to the Booklet-Certificate for all plan details, including any exclusions, limitations and restrictions which may apply.

If there is a discrepancy between this document and the Certificate of Insurance issued by Prudential, the terms of the Certificate of Insurance will govern.

New York Residents: This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

North Carolina Residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

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Prudential

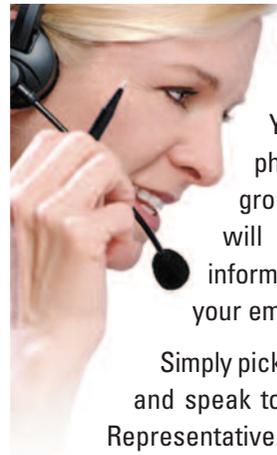


Telephone Claim Submission

The Prudential Insurance Company of America



Prudential



Telephone Claim Submission

Your employer has selected telephone claim submission for your group disability plan. This procedure will speed the collection of claim information from you, your doctor and your employer.

Simply pick up the phone, dial **1-800-842-1718** and speak to a Prudential Customer Service Representative.

Gathering Important Information:

Please take a moment to make sure that you have the required information before you call **1-800-842-1718**. During the live claim interview process the following information will be requested:

- Company's name
- Control number 46682 (on your disability benefits card)
- Name and Social Security number
- Complete home address and phone number
- Date of birth
- Job title
- Doctor's name and telephone number
- A brief description of your medical condition
- Your last day worked and your first day out due to this condition
- Is the absence work related
- The date you expect to return to work

What you need to do if you are out of work

If you are absent from work due to an injury, illness or pregnancy for more than 7 consecutive calendar days, or up to 2 weeks in advance of a planned disability absence (such as child birth or prescheduled surgery) you need to:

1. **Notify your supervisor.** A physician's note must be submitted to your supervisor which should only indicate your leave start date and estimated date of return. Diagnosis SHOULD NOT BE included on the physician's note.
2. **Call Prudential at 1-800-842-1718, 24 hours/day 7 days a week** and follow the prompt for submitting a disability claim. Provide the Customer Service Representative with your company name and control number located on the attached perforated disability benefits card.
3. **Present your disability benefits card to your doctor.** Make sure your doctor's office makes a copy of the back of your card so that information can be released to a Prudential Disability Claim Manager.

How to contact Prudential:

- You can obtain claim and payment status 24 hours per day via IVR at **1-800-842-1718**.
- You can also obtain claim and payment status online at our website, www.Prudential.com/disability.
- Call toll free **1-800-842-1718**, English and Spanish speaking.

Customer service representatives are available 8AM to 8PM (eastern) Monday through Friday.

Your Claim Will Be Considered Filed When:

In order for a claim for benefits to be considered filed, Prudential requires an employee's statement, employer's statement, and attending physician's statement to be submitted. Your claim will be considered filed when:

- If you have Short Term Disability (STD) with Prudential, your claim will be considered filed the later of (1) when Prudential receives your employee's statement (which you submit by calling the 800 number), the employer's statement (the employer statement information will be requested from the respective payroll department by Prudential. It will be requested when the employee calls in a disability claim) and the attending physicians statement, (Prudential will be contacting your physician by way of a telephone call and/or letter to obtain the necessary information) and (2) the start of your STD Elimination Period (the elimination period begins on the first day that you are out of work for a sickness or injury)
- If you have both STD and LTD coverages with Prudential and you have filed a claim for STD, there is no need to re-submit the statements noted above for the LTD portion of your claim.

CLAIM FRAUD WARNING STATEMENTS

For residents of all states except California, Florida, New Jersey, New York, Pennsylvania, Utah, Vermont, Virginia and Washington; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

CALIFORNIA RESIDENTS: For your protection, California law requires 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.

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

NEW JERSEY RESIDENTS: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Telephone Claim Reporting Steps and Medical Authorization

- Notify your supervisor.
- Make a copy of this authorization.
- Sign and date the copy.
- Present a copy to your doctor for file.
- Keep blank original. Do not sign or date original.
- **Call the toll-free number 1-800-842-1718 24 hours 7 days a week.**

**Mount Sinai Medical Center
Control # 46682**

This entire card must be presented to your physician for release of information. Make a copy of this authorization. Sign and date the copy.

Authorization for Release of Information to The Prudential Insurance Company of America

This Authorization is intended to comply with the HIPAA Privacy Rule

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided treatment, payment or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other health information concerning me to The Prudential Insurance Company of America (Prudential) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

Unless limits* are shown below, this form pertains to all of the records listed above.