

Long Term Disability (LTD) Claim Information Sheet

This form is for use by employer groups only. See the back of this form for instructions and definitions.

This form must be completed by the employer when reporting an LTD claim for an employee. The following documents **must** be attached to this *LTD Claim Information Sheet* when sent to the HCA:

- **All** original LTD forms (copies, if an original is not available).
- Employee's current Classification Questionnaire.
- Attendance record from last date physically on the job or start of partial disability.
- Shared leave hours received (include with attendance record).

Employee Information (Complete all fields shown below)

Agency code		Agency name					
Social security number		Last name		First name		Middle initial	
Street address			City		State	ZIP Code	
Mailing address (if different from above)			City		State	ZIP Code	
Date of birth (mm/dd/yyyy)		Home phone number ()					
Hire date at this agency		Original hire date (unbroken service date)		Original insurance eligibility date (first date of eligibility with state service)			
Last day physically on the job	Hours worked per week		Regular days off		Hours of sick leave as of last day physically on the job		
Monthly salary as of last day physically on the job Amount \$				Date of last salary change (prior to last day physically on the job)			
Salary prior to last increase Amount \$		Per		Current job title			
Optional LTD <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective date		Waiting period	Receiving shared leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is employee subject to social security taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On the job injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving assault pay? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has a Workers' Compensation claim been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			L&I claim number	
Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Light duty <input type="checkbox"/> Regular duty <input type="checkbox"/> Other						Return to work date	
Has employee terminated employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date		Reason			
Name of person completing this form				Phone number ()		Date	

Mail completed form to:
 Health Care Authority
 P.O. Box 42684
 Olympia, WA 98504-2684

Instructions

The employer should file the *Long Term Disability Claim Information Sheet*:

- As soon as the employee's last day physically on the job is known,
- When the employee's hours have been reduced or modified because of a disability or illness, or
- At the employee's or Health Care Authority's request.

Do not wait for the waiting period to expire or for sick leave to be exhausted to file the claim. Terminated employees may qualify for an LTD claim if they became disabled while actively employed.

Complete the *LTD Claim Information Sheet*. Include a detailed attendance record from the employee's last day physically on the job, or start of partial disability. (Refer to the Long Term Disability Plan booklet for definition of partial disability.) Be sure to include **all** original LTD enrollment form(s) that the employee has completed within state service. (If originals are not available, include copies. If no originals or copies are available, provide proof of payment of premiums for LTD coverage from the coverage effective date.)

Employee's current *Classification Questionnaire* must be forwarded because it is unique to the employee and is used to determine whether the employee is disabled from his or her occupation.

Note: Political subdivisions, K-12 school districts, educational service districts, and higher-education institutions need to send a detailed position description.

Report all shared leave. Include a record of the number of hours received, usage, and dollar value.

Definitions

Original hire date: First day of employment with a state agency, political subdivision, K-12 school district, educational service district, or higher-education institution, even if the employee was not eligible for insurance benefits.

Original insurance eligibility date: First day employee became eligible for insurance benefits.

Hire date at this agency: First date of employment with your state agency, political subdivision, K-12 school district, educational service district, or higher-education institution.

Last day physically on the job: Last day employee physically worked (**not** the last day in pay status) or had hours reduced or duties modified because of a disability. Employees may use their sick leave, annual leave, shared leave, or Family and Medical Leave Act leave after their last day physically on the job.

Return to work: If an employee returns to work **before** the LTD claim is filed, the HCA needs to know whether the employee returned to work in a full-time, part-time, light duty, regular duty, or other status.

Monthly salary: Monthly wages as of the employee's **last day physically on the job**, or the date the employee's hours were reduced or duties were modified because of a disability.

Date of last salary change: Date the employee's wages changed **before** the employee's last day physically on the job, or the date the employee's hours were reduced or duties were modified because of a disability.