

Long-Term Disability (LTD) Claim Information Sheet

Only employer groups should use this form. See the back of this form for instructions and definitions.

The employer must complete this form when reporting an LTD claim for an employee. Before sending the *LTD Claim Information Sheet* to the Health Care Authority (HCA), the employer must attach:

- All original PEBB LTD forms (or copies, if an original is not available).
- Employee's current position description.
- Attendance record from the last date physically on the job or the start of partial disability. Include any shared leave hours received.
- Employment application or résumé, and documents listing income from other sources (Social Security, worker's compensation, retirement plan, Paid Family and Medical Leave, etc.).

Employee information (complete all fields)									
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		Balance of sick leave hours as of last day physically on the job.			
Monthly salary as of last day physically on the job \$				Date of last salary change (prior to last day physically on the job)					
Salary prior to last increase \$ Per				Current job title					
Supplemental 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?	
On the job injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receiving assault pay? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has employee filed a worker's compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No				Labor & Industries (L&I) claim number	
Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <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		
Is employment scheduled for termination? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date of termination					

Mail completed form to:

Health Care Authority
PO Box 42684
Olympia, WA 98504

Instructions for employer

When does the employer need to file the *LTD 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 the HCA's request.

Do not wait for the waiting period to expire or for sick leave to be exhausted to file the claim.

Note: Terminated employees may qualify for an LTD claim if they became disabled while actively employed.

What does the employer need to send to the HCA?

- A completed *LTD Claim Information Sheet*.
- All original PEBB LTD enrollment forms that the employee has completed. If originals are not available, include copies. If no originals or copies are available, provide proof of premium payments for LTD coverage from the coverage effective date.
- Counties, municipalities, political subdivisions, educational service districts, and tribal governments need to send a position description.
- A detailed attendance record from the employee's last day physically on the job, or the start of partial disability. For a definition of partial disability, refer to the *Long Term Disability Plan* booklet. If the employee received shared leave hours, include a record of the number of shared leave hours, usage, and dollar value.
- Employment application or résumé, and documents listing income from other sources (Social Security, worker's compensation, retirement plan, Paid Family and Medical Leave, etc.).

Definitions

Date of last salary change:	Date the employee's wages changed before their last day physically on the job, or the date the employer reduced the employee's hours or modified the employee's duties because of a disability.
Hire date at this employer:	First date of employment with county, municipality, political subdivision, educational service district, tribal government, or employer group.
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 Paid Family and Medical Leave after their last day physically on the job.
Monthly salary:	Monthly wages as of the employee's last day physically on the job , or the date the employer reduced the employee's hours or modified the employee's duties because of a disability.
Original hire date:	First date of employment with a county, municipality, political subdivision, educational service district, tribal government, or employer group, even if the employee was not eligible for insurance benefits.
Original insurance eligibility date:	First day employee became eligible for insurance benefits.
Return to work:	If an employee returns to work before the employer files the LTD claim, the HCA needs to know whether the employee returned to work in a full-time, part-time, light-duty, regular-duty, or other status.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please call 1-800-200-1004 (TRS: 711).