Reporting Your Disability Claim

The Arlington Public Schools Long-Term Disability Plan is administered in partnership with Liberty Life Assurance Company of Boston, a member of the Liberty Mutual Group.

Liberty offers employees direct access to claims resources and information. You can easily report a claim and check the status of your claim through Liberty's dedicated secure website or by telephone. Please visit www.mylibertyconnection.com to access employee resources and online tools, as referenced below.

When Do I Report a Claim?

Liberty is available 24 hours a day, 7 days a week. You may report a claim up to 30 days in advance of a planned disability absence (such as childbirth or prescheduled surgery) OR as soon as you are aware that you will be disabled due to illness, injury or hospitalization for **30** or more calendar days.

How Do I Report a Claim?

1. Contact your supervisor to report your absence.

2. Sign and date the Authorization to Release Information section below, and leave with your physician or medical care provider at your next visit.

   Note: Liberty requires your physician to provide information about your medical condition. If this information cannot be obtained, benefits may be delayed.

3. Call **1-800-713-7384** and speak with an Intake Specialist to report your claim and begin the process.

***OR** you can report your claim online.*

4. Report your claim via www.mylibertyconnection.com. For first time users register using your company code **APSVA** in the **Claimant Services ID field**.

   Please have the following information available when you report your claim:
   - Your physician or medical care provider's name, address, fax and telephone numbers
   - Your manager's name, telephone number and e-mail address
   - Reason you are out of work (diagnosis/symptoms)
   - Your last day worked, first day absent from work, and anticipated return to work date

5. Keep a record of your claim number. Reporting your claim online provides the added convenience of printing a claim report which includes your claim number and a summary of your claim details.

6. You may securely check the status of your claim online at www.mylibertyconnection.com or by calling your Case Manager at **1–800-210-0268.**

Authorization to Release Information

I authorize any health care provider having information about my physical or mental condition and treatment to give all information to the Company in the Liberty Mutual Group of companies and/or Plan Sponsor to which I am submitting a claim. I understand the information obtained by this Authorization will be used to determine eligibility for benefits. Information obtained under this Authorization or directly from me may be released to persons/organizations providing medical treatment or claim management/advisory services in connection with my claim, including Employee Assistance Programs (EAP), or other similar disease management/assistance programs providing services to the Plan Sponsor and/or the Company. This Authorization is valid for two years from the date appearing below with my signature. I have the right to revoke this Authorization by notifying the Company. I know that I may request a copy of the Authorization and I agree that a photographic copy shall be as valid as the original.

Employee Signature _____ Date _____

Print Employee Name _____

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