

GILMER COUNTY SCHOOL DISTRICT

FAMILY AND MEDICAL LEAVE REQUEST FORM

Instructions: This form should be completed by the employee and must be returned to the Office of Human Resources within ten business days of the employee notifying the employer of the need for FMLA leave.

EMPLOYEE INFORMATION

1. Employee's Name/Telephone #: _____

2. Employee's Social Security Number: _____

3. Employee's Address: _____

4. Employee's School/Department/Position: _____

PURPOSE OF LEAVE

5. Type of Leave Requested (check all that apply)

a. _____ Paid Paternal Leave (Parent- 6 weeks or 30 days)

b. _____ Accrued paid sick time (until exhausted)

c. _____ Unpaid family and/or medical leave

d. _____ Paid Vacation Time (12-month employees only)

e. _____ Short Term Disability (see bottom of page 3 for instructions on how to file a claim)

6. Purpose of Leave (check all that apply):

a. _____ Because of the birth of a child and to care for the newly born child

b. _____ Placement of a child with the employee for adoption or foster care

(Do not have to fill out Health Care Provider form)

c. _____ To care for an immediate family member (spouse, child or employee's parent)
with a serious health condition

d. _____ Because of the serious health condition which makes the employee unable to
perform the functions of the employee's job

e. _____ Because of a qualifying exigency arising out of the fact that my _____ spouse;
_____ son or daughter; _____ parent is on active duty or call to active duty status in
support of a contingency operation as a member of the National Guard or Reserves.

f. _____ Because I am the _____ spouse; _____ son or daughter; _____ parent; _____ next of
kin of a covered service member of the National Guard or Reserves.

7. If the leave involves the serious health condition of the employee or immediate family member,
does the employee request intermittent leave or leave on a reduced work schedule? (If answer
is no, skip to question 8.)

_____ Yes _____ No

Explain why intermittent leave or leave on a reduced work schedule is necessary, and the schedule
for medical treatment:

DATES OF LEAVE AND NOTIFICATION

8. Anticipated Starting Date for Leave: _____

9. Anticipated Ending Date for Leave: _____

10. Today's Date: _____

11. Was the employer notified about the leave at an earlier date? (If answer is no, skip question 15)

_____ Yes _____ No

12. Date of Earlier Notification: _____

13. Who was Notified: _____

14. Has 30 days advance notice of leave been given? (If answer is no, skip question 15)

_____ Yes _____ No

15. Explanation for delay in providing notice to Employer: _____

16. Intention to return to work at Gilmer County School District when the leave ends (select one):

a. _____ I will not be returning to work at Gilmer County School District.

b. _____ I intend to return to work at Gilmer County School District.

CERTIFICATION

17. I certify that the above information is true and correct to the best of my knowledge. I understand that any intentional misrepresentation concerning the above facts can result in termination of employment.

18. Signature of Employee: _____

19. Date: _____

I understand I am not required or allowed to perform any work duties, including sending and responding to emails, while I am out for medical leave pursuant to the Family Medical Leave Act (FMLA). I have been advised that if I work while I am on leave, I may be disciplined.

I acknowledge my employer can contact me for information regarding updates on my medical status and when/if I will be returning to work.

Employee Signature: _____

Date: _____

Short Term Disability claim form is to be completed by you (the employee), employer and attending physician. Payroll will submit the employer portion.

It is the employee's responsibility to submit the employee and attending physician's portion. Please refer to the attached flyers, "How to File a Disability Income Claim", for filing options and "Accessing Claims Online Using the Employee Portal", for viewing current claims.

Mutual of Omaha
3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001
Toll Free (800) 877-5176
Fax (402) 997-1865
Email newdisabilityclaim@mutualofomaha.com

Claim Form can be found at:

<https://www.gilmerschools.com/cms/One.aspx?pageId=101022&portalId=93632&objectId.77469=1089223&contextId.77469=1084917&parentId.77469=1084918>

How to File a Disability Income Claim

Your disability plan helps protect your income in the event of a disabling illness or injury. If you become disabled, please follow the instructions below on how to file a claim with Mutual of Omaha.

In order to process your claim timely, all five sections of the claim submission must be completed and signed:

- 1 Section 1: Employee statement including authorizations to release information
- 2 Section 2: Employer's statement
- 3 Section 3: Job Analysis
- 4 Section 4: Employer's Signature and Attachments
- 5 Section 5: Attending Physician's Statement

Finding Forms

Find the Disability form online:

www.mutualofomaha.com/support/forms

On the forms page, select I am a Plan Member (Employee) and choose your state. Under Disability Forms, select "Disability Claim Form".

If you file online, select "Online Short-Term Disability Claim Form – Employee Statement."

Or

Contact your HR Department

Filing Options

Fax/Paper

1. Select "Disability Claim Form" and print.
2. Complete your section and have your employer and physician complete their sections, sign.
3. Fax pages to Mutual of Omaha at 402-997-1865.

Or, scan the completed and signed forms and email to: newdisabilityclaim@mutualofomaha.com

Online

1. Select "Online Short-Term Disability Claim Form – Employee Statement."
2. Complete the online form by providing all requested information. We only accept Section 1 (Employee Statement) online.
3. Provide your physician's contact information (phone, fax, address) in the required field.
4. Select "Submit."
5. Print "Authorization to Disclose Personal and Health Information" forms.

Complete, sign and fax to 402-997-1865.

Or, scan the completed and signed forms and email to: newdisabilityclaim@mutualofomaha.com

Phone

1. Call 1-800-877-5176 to start the claims process to start the claims process.
2. A customer service representative will complete Section 1 (Employee Statement) with you.
3. Provide your physician's contact information (phone, fax, address).
4. After the call, print "Authorization to Disclose Personal and Health Information" form.
5. Complete, sign and fax to 402-997-1865.

Or, scan the completed and signed forms and email to: submitgrpdisinfo@mutualofomaha.com

Or, mail them to:

Mutual of Omaha Insurance Company
Group Insurance Claims
3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001



Accessing Claims Online Using the Employee Portal



Managing claims shouldn't be difficult. Mutual of Omaha always has our customers in mind, which is why we created our Employee Portal so you can easily access your claims.

Our Employee Portal provides real-time information giving you the ability to view current claims and claims history, access claim forms, and submit a new claim for short-term disability benefits.

Getting Started

1. Go to www.mutualofomaha.com/my-benefits.
2. Register for an account by filling out the necessary information. Click on Sign Up.
3. Users will be notified when they have completed the first step of creating an account.
4. An email will be sent with the final steps to finish setting up an account.

Already have an account? Log in with your credentials.

How to View Current Claims

- To access current claims, log in and click on the "Claims" icon*
- View a specific claim and its status, along with the claim number



***PLEASE NOTE:** The "Claims" icon will only be shown if a claim has been filed. If there are no existing claims, the icon will not appear.

Submitting a Claim Form Online



A short-term disability claim form can be submitted online by clicking on the "Submit claim" icon on the Employee Portal homepage.

- On the forms page, select "I am a Plan Member (Employee)" and choose the relevant state
- Select the necessary form, then select "Complete form online"



Forms can also be submitted via fax or mail by clicking the "Claims forms" icon and downloading the form.

We are here for you

If you have questions regarding a claim, please contact our dedicated toll-free number: **(800) 877-5176**

(Monday - Friday, 7:30 a.m. - 5 p.m. CST)