FILE A CLAIM OR REQUEST A LEAVE WITH CONFIDENCE

City of Frisco
Policy Number: 681084

Your disability and leave management programs are managed by The Hartford.

THE HARTFORD MAKES IT EASY TO FILE A CLAIM OR REQUEST A LEAVE

Step 1: Know when it's time to file a claim or request a leave.

If you're absent from work, we can advise you on when to file a claim or request a leave. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

Step 2: Have this information ready.

- Name, address and other key identification information.
- Name of your department and last full day of active work.
- The nature of your claim or leave request.
- Your treating physician's name, address, phone and fax numbers.

Step 3: Make the call or file online. With your information handy, call The Hartford at **1-888-458-5541**. Or file online at WWW.THEHARTFORD.COM/MYBENEFITS. You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim or process your leave request.

TO FILE A CLAIM OR REQUEST A LEAVE

1-888-458-5541
8:00 am to 8:00 pm CST

Policy #: 681084
WWW.THEHARTFORD.COM/MYBENEFITS

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GET SUPPORTIVE ASSISTANCE

Even after your claim has been filed or you have requested a leave, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle-free experience until you return to work. Feel free to also call us with anything that's on your mind. We're here to help.

RELAX AND STAY POSITIVE

You have the assurance of our knowledge, experience and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

QUICK FACTS

The Hartford's goal is to help get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We'll be there when you need us.

THEHARTFORD.COM/GROUPBENEFITS

THE HARTFORD

(Please cut here and keep in your wallet.)

WHEN YOU CALL THE HARTFORD WILL ASK YOU TO PROVIDE:

- Name, address and other key identification information.
- Name of your department and last full day of active work.
- The nature of your claim or leave request.
- Your treating physician's name, address, and phone and fax numbers.

This card is not proof of insurance.

The Hartford® is the Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

Disability Form Series includes GBD-1000, GBD-1200, or state equivalent. The policy number is 681084.

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