

# HOW TO FILE FOR OREGON PAID FAMILY AND MEDICAL LEAVE INSURANCE WITH CONFIDENCE



Your OR PFMLI claim is managed by The Hartford. It's a user-friendly benefit that helps provide essential support services while you're away from your workplace.

**Lane County School District 28J**

**135140**

Follow these steps to file a claim with The Hartford:

## STEP 1: KNOW WHEN IT'S TIME TO FILE A CLAIM

If you're absent from work, we can advise you on when to file a claim.

- If your absence is scheduled, file your claim within 30 days of your last day of work. (For example, an upcoming hospital stay)
- If your absence is unscheduled, follow your employer's call out policy and file your claim as soon as possible.

## STEP 2: HAVE THIS INFORMATION READY

- Name, address, policy number, and other key identification information.
- Name of your department and last anticipated day of active full-time work.
- The nature of your claim.
- When applicable, your treating physician's name, address, phone and fax numbers.

## STEP 3: FILE YOUR CLAIM

With your information handy, file a claim by: Calling The Hartford at **888-301-5615** ; or Completing the claim form provided by your employer with input from your employer and the provider. Mail or fax the documentation to:

**The Hartford**  
PO Box 14869  
Lexington, KY 40512  
Fax Number: 833-357-5153

 Please cut here and keep in your wallet.

### TO FILE AN OR PFMLI CLAIM

888-301-5615  
Policy Number: 135140

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



You'll be assisted by a caring professional who'll take your information, answer your questions and help you file your claim or process your leave request.





### GET SUPPORTIVE ASSISTANCE

After your claim has been filed, 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 call us with anything that's on your mind. We're here to help.


<b>Product</b>	<b>OR PFMLI</b>
<b>Employer Name</b>	Lane County School District 28J
<b>Policy Number</b>	135140
<b>Phone Number</b>	888-301-5615



### FOR MORE INFORMATION, PLEASE CONTACT THE HARTFORD'S TOLL-FREE NUMBER 888-301-5615



Business Insurance  
Employee Benefits  
Auto  
Home

 Please cut here and keep in your wallet.

#### WHEN YOU CALL, THE HARTFORD WILL ASK YOU TO PROVIDE

Name, address, policy number and other key identification information.

- Name of your department and last day of active work.
- The nature of your claim.
- Your treating physician's name, address, phone and fax numbers.

Statutory Paid Family and Medical Leave Form Series included GBD-1858 PFML (OR).

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