

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

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.



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.





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.

Product	OR PFMLI
Employer Name	Lane County School District 28J
Policy Number	135140
Phone Number	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.

This card is not proof of insurance
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Statutory Paid Family and Medical Leave Form Series included GBD-1858 PFML (OR).

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Claim Process

Paid Family & Medical Leave (PFML) Telephonic Intake



Days 0-5

Initial telephonic intake occurs; Certification / Supporting Documentation follow up begins initiated by The Hartford; Appropriate notifications are being sent to employer & employee.

Day 5

Additional updates requested if certification or coverage information needed

Day 10

Additional updates requested from employee, if needed

Day 15

If information is not yet received, extend as allowed, up to day 30 for final decision