



Reporting Your Short-Term Disability Claim

The Johns Hopkins University Short-Term Disability Policy is administered by Lincoln Life Assurance Company of Boston.

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

When Do I Report a Short-Term Disability Claim?

You may report a claim up to 30 days in advance of a planned disability absence (such as childbirth or prescheduled surgery). You may also report a claim as soon as you are hospitalized OR disabled due to illness or injury for 14 or more calendar days.

How Do I Report a Short-Term Disability Claim?

1. Contact your supervisor to report your absence.
2. Print this document, sign and date the Authorization to Release Information section below, and return to Lincoln Financial.
Note: Lincoln Financial Group requires your physician to provide information about your medical condition. If this information cannot be obtained, benefits may be delayed.
3. Report your claim via www.MyLincolnPortal.com. First time users must register using Company Code **JHUEE**.

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

Or you can call 1-888-246-4483 and speak with an Intake Specialist to report your claim.

4. 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.
5. You may securely check the status of your claim online at www.MyLincolnPortal.com or by calling your Case Manager at 1-888-246-4483.

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 Lincoln Financial 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:

Date of Birth:

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