

BOTH SECTIONS MUST BE COMPLETED BEFORE SENDING CLAIM TO TEAMCARE

SUBMIT ONLINE AT: MYTEAMCARE.ORG

FAX: (847) 518-9757

MAIL: TEAMCARE P.O. Box 5107 DES PLAINES, IL 60017-5107

SECTION ONE YOUR INFORMATION	PARTICIPANT'S IDENTIFICATION NUMBER				YOUR NAME				YOUR DATE OF BIRTH			
	8	0	6									
	YOUR COMPLETE ADDRESS								YOUR EMPLOYER			
	YOUR EMAIL ADDRESS								MOBILE NUMBER			
	IS YOUR DISABILITY RELATED TO CORONAVIRUS ?				YES	NO	IF NO, VISIT MYTEAMCARE.ORG AND DOWNLOAD THE FULL SHORT-TERM DISABILITY FORM					
	ARE YOU CURRENTLY OFF OF WORK?				YES	NO	LAST DAY WORKED:					
HAVE YOU BEEN TREATED OR TESTED FOR CORONAVIRUS? (IF TESTED OR TREATED, PHYSICIAN MUST COMPLETE SECTION TWO BELOW)				YES	NO	DATE OF TREATMENT/TESTING:						
<p>▪ IF NO, ARE YOU IN SELF-QUARANTINE?</p> <p>PROVIDE NAME OF MEDICAL PROFESSIONAL OR HEALTH AGENCY WHO PRESCRIBED SELF-QUARANTINE. ALSO PROVIDE BACKGROUND OF BEING EXPOSED.</p> <p>PHYSICIAN MUST COMPLETE SECTION TWO BELOW</p>				YES	NO							
DO YOU HAVE AN ESTIMATED RETURN TO WORK DATE?				YES	NO	RETURN TO WORK DATE:						
ARE YOU BEING COMPENSATED OR RECEIVED PAID LEAVE BY YOUR EMPLOYER WHILE OFF DUE TO THIS ILLNESS?				YES	NO	EXPLAIN EMPLOYER COMPENSATION / LEAVE / PTO WHILE OFF:						
YOUR SIGNATURE						DATE:						

➡ BY SIGNING, I AUTHORIZE MY DOCTOR OR HOSPITAL, TO FURNISH TEAMCARE ANY NECESSARY INFORMATION TO PROCESS THE CLAIM.

SECTION TWO STATE AGENCY OR PHYSICIAN	DATE ILLNESS BEGAN:				WAS PATIENT TESTED:						
	DATES OF TREATMENT FOR THIS ILLNESS:										
	IS/WAS THE PATIENT HOSPITALIZED?				YES	NO	DATE:				
WHAT IS THE TREATMENT PLAN ?											
ACTUAL OR ESTIMATED RETURN TO WORK DATE:				ACTUAL:		ESTIMATED:					
PHYSICIAN SIGNATURE (PRINT NAME BELOW SIGNATURE)				DATE:				PHONE NUMBER			

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UPS MEMBERS: In addition to returning this form to TeamCare, members must also call The Hartford (866-825-0186) to initiate your leave.
UPS MEMBERS IN NY & NJ: UPS members in NY and NJ should not submit this claim but initiate their leave with The Hartford and the state.
ALL RHODE ISLAND and CALIFORNIA MEMBERS: Members should initiate their disability benefits through their state programs.