

Mission Health System's Short-Term Disability Plan Claims Filing Information

The Mission Health System's Short-Term Disability Plan is administered in partnership with Aflac. You can report a claim through Aflac's dedicated secure website or by telephone.

You may report your claim up to 30 days in advance for your planned disability (scheduled surgery or pregnancy) or as soon as you are aware you will be absent from work due to sickness or injury for more than 14 calendar days.

What Do I Need to Know Before I Report My Claim?

Please have the following information available when you report your claim:

- Your last day worked (or planned absence begin date), and anticipated return to work date
- Reason you are out of work (diagnosis/symptoms/accident)
- Name, address, phone and fax numbers for medical providers certifying disability

How Do I Report My Claim?

1. Notify your direct supervisor of your absence.

2. Print this document. Sign and date the Authorization to Release Information section below and provide it to your health care providers.

Aflac requires your medical providers to release information about your medical condition. If this information is not received, the claim evaluation may be delayed.

Authorization to Release Information

I authorize any licensed physician, any other medical practitioner or provider, pharmacist, pharmacy benefits manager, hospital, clinic, or other medically related facility, having information available as to diagnosis and treatment of me, with respect to any physical or mental condition, to give any and all such information to the authorized representatives of Aflac. I understand the information obtained by use of this authorization will be used by Aflac to evaluate my claim. The information may be re-disclosed to (a) any medical, investigative, financial or vocational specialist or entity, or any other organization or person, employed by or representing Aflac to assist with the evaluation and adjudication of my disability claim, (b) a Social Security vendor that may assist me in filing a claim with the Social Security Administration, and (c) other insurance companies or their representatives to help investigate and adjudicate other insurance claims related to me. I understand the information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA's Privacy Rule. This authorization is valid for two (2) years following the date of my signature. A photocopy of this authorization is as valid as the original. I understand I have the right to revoke this authorization.

Claimant Signature: _____ Date: _____

Or signature of Authorized Personal Representative; attach documentation verifying identity and describing Personal Representative's Authority.

3. Report your claim online or by phone. Pick the option that is best for you:

- Call 1-888-862-4437 and speak to a Specialist; or
- Go to [Aflac.optinsights.com/selfservice](https://aflac.optinsights.com/selfservice). *First time users must register to create an account. You must enter MHS for the company name.*

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and provides non-fiduciary claim processing services to this plan. This plan is not insured by CAIC, and CAIC has not issued any insurance policy that would fund benefits under this plan. CAIC is not responsible to fund the payment of any benefits under this plan.

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