



Reporting Your Disability Claim

You can report your disability claim to Liberty Mutual via the secure website www.MyLibertyClaim.com (*which requires the Claimant Service ID, listed below in step #3). This website is used for all Liberty Mutual customers and includes language about reporting a leave, however University of California employees may **only report a disability claim through MyLibertyClaim.com**. Contact your department to report your leave or to obtain paper claim forms. (Si usted prefiere las formas en Espanol, porfavor contacte al Departamento de Beneficios o prestaciones).

When Do I Report a Claim?

MyLibertyClaim.com is a secure website available 24 hours a day, 7 days a week. You may report a claim up to 30 days in advance of a planned disability absence (such as childbirth or prescheduled surgery) OR as soon as you are aware that you will be disabled due to illness or injury for longer than your waiting period (7, 30, 90 or 180 calendar days).

How Do I Report a Claim?

1. Contact your supervisor to report your absence.
2. **Print this document, sign and date the Authorization to Release Information section below, and leave with your physician or medical care provider at your next visit.**

Note: Liberty 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.mylibertyclaim.com and enter the Claimant Services ID: **University**.

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

- Your physician or medical care provider's name, address, fax and telephone numbers
- Reason you are out of work (diagnosis/symptoms)
- Your last day worked, first day absent from work, and anticipated return to work date

4. 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. **Keep a record of your claim number.**
5. If you are unable to file your disability claim online, contact your benefits department for paper claim forms.

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 Liberty Mutual 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

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