Employee Name Employee's SSN:

Re: Disability

If you are disabled, we must have proof of your disability in order for your health coverage to continue. Please have the statement below completed by your attending physician.

The completed form should be mailed or faxed to the health care company administering your benefits. The mailing addresses and fax numbers are:

> UnitedHealthcare P.O. Box 5500 Kingston, NY 12402-5500 El Paso, TX 79998-1106 Fax #: (845)382-6699

Aetna P.O. Box 981106 Fax #: (859)455-8650

Highmark P.O. Box 890381 Camp Hill, PA 17089-0381 Fax #: (304) 424-3180

IF THIS PROOF OF DISABILITY IS NOT RECEIVED, YOUR COVERAGE WILL TERMINATE.

If you are unsure who your health care company is, please call UnitedHealthcare at (800) 842-9905.

To Be Completed By Attending Physician

I certify that _____ has been disabled from performing his/her regular occupation from (Date) to (Date) due to the following condition(s):

Is the employee permanently disabled from his/her regular occupation? YES NO (Please circle one.)

If no, please give us an estimated return to work date ______, or the date of his/her next appointment with you .

Physician's Signature



New Proof of Disability form ready for download

CLEVELAND, October 26 -- As most BLET members know, an employee who leaves work due to disability must provide proof of that disability in order for benefits to continue.

While no specific form is required, the Cooperating Rail Labor Organizations (CRLO) — the group of unions that bargain collectively over health care issues — has developed one of these forms in response to requests from disabled members.

The form is available for download from the BLET website. It is usable by any employee and contains the mailing address and fax number of all three managed care companies — UnitedHealthcare, Aetna and Highmark.

The form is available at: http://www.ble-t.org/pr/pdf/PODform.pdf

Wednesday, October 26, 2005 bentley@ble.org

http://www.ble.org/pr/news/newsflash.asp?id=4204

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