

HOW TO FILE FOR OREGON PAID FAMILY AND MEDICAL LEAVE INSURANCE WITH CONFIDENCE



Your OR PFMLI claim is managed by The Hartford. It's a user-friendly benefit that helps provide important income replacement while you're away from your workplace.

City of Roseburg

135147

Follow these steps to file a claim with The Hartford:

STEP 1: KNOW WHEN IT'S TIME TO FILE A CLAIM

If you're absent from work, we can advise you on when to file a claim.

- If your absence is scheduled, file your claim within 30 days of your last day of work. (For example, an upcoming hospital stay)
- If your absence is unscheduled, follow your employer's call out policy and file your claim as soon as possible.

STEP 2: HAVE THIS INFORMATION READY

- Name, address, policy number, and other key identification information.
- Name of your department and last anticipated day of active full-time work.
- The nature of your claim.
- When applicable, your treating physician's name, address, phone and fax numbers.

STEP 3: FILE YOUR CLAIM

With your information handy, file a claim by: Calling The Hartford at **888-301-5615** ; or Completing the claim form provided by your employer with input from your employer and the provider. Mail or fax the documentation to:

The Hartford

PO Box 14869

Lexington, KY 40512

Fax Number: 833-357-5153

You'll be assisted by a caring professional who'll take your information, answer your questions and help you file your claim or process your leave request.



Please cut here and keep in your wallet.

TO FILE AN OR PFMLI CLAIM

888-301-5615

Policy Number: 135147

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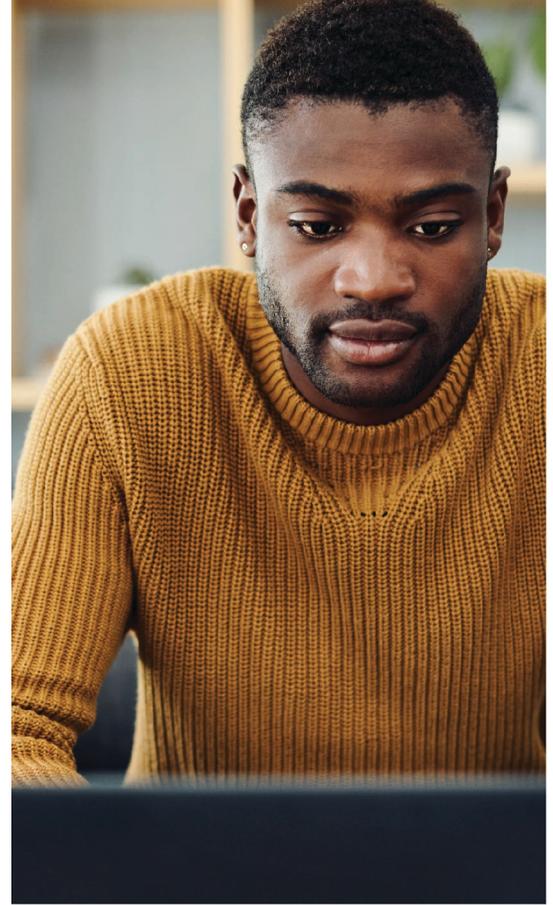


GET SUPPORTIVE ASSISTANCE

After your claim has been filed, we may be in touch to check your progress, answer questions or obtain additional information from you.

Our goal is to offer a smooth and hassle-free experience until you return to work. Feel free to call us with anything that's on your mind. We're here to help.

Product	OR PFMLI
Employer Name	City of Roseburg
Policy Number	135147
Phone Number	888-301-5615



FOR MORE INFORMATION, PLEASE CONTACT THE HARTFORD'S TOLL-FREE NUMBER 888-301-5615



Business Insurance
Employee Benefits
Auto
Home

 Please cut here and keep in your wallet.

WHEN YOU CALL, THE HARTFORD WILL ASK YOU TO PROVIDE

Name, address, policy number and other key identification information.

- Name of your department and last day of active work.
- The nature of your claim.
- Your treating physician's name, address, phone and fax numbers.

Statutory Paid Family and Medical Leave Form Series included GBD-1858 PFML (OR).

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