

EMPLOYEE USER GUIDE

THE HARTFORD'S ABILITY ADVANTAGE



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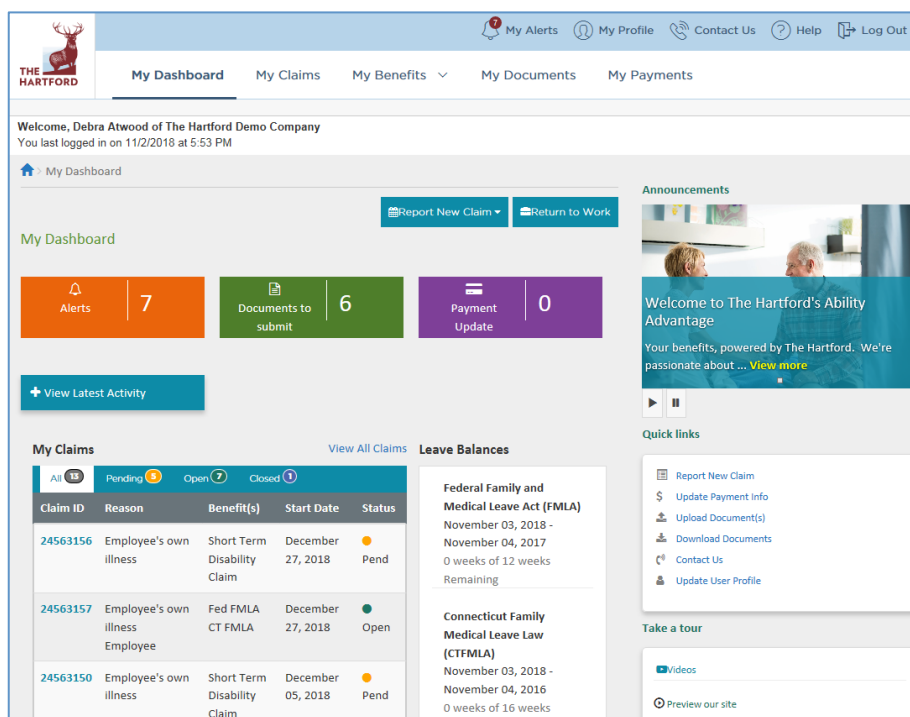
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Your benefits with The Hartford include disability insurance, which replaces a percentage of your income in case you can't work. Thanks for trusting us to bring you this important coverage.

We've made it easier than ever to access your disability benefits with The Hartford's Ability Advantage. It's a one-stop, secure portal that lets you manage your disability claims online – through your phone, laptop or tablet.

This guide will give you tips on how to start a claim, personalize your claim payments, schedule a call, and much more. It all adds up to a simpler customer experience.

Our website makes it easy to access your claims. You get online access to claims information, status updates and more. And with a mobile responsive design, you can use these features anywhere and at any time.



The screenshot shows the user interface of the portal. At the top, there is a navigation bar with 'My Alerts', 'My Profile', 'Contact Us', 'Help', and 'Log Out'. Below this is a secondary navigation bar with 'My Dashboard', 'My Claims', 'My Benefits', 'My Documents', and 'My Payments'. The main content area includes a welcome message for 'Debra Atwood of The Hartford Demo Company', a 'My Dashboard' section with three cards for Alerts (7), Documents to submit (6), and Payment Update (0), and a 'My Claims' table. The table lists three claims with their respective IDs, reasons, benefits, start dates, and statuses. To the right, there are sections for 'Announcements', 'Quick links', and 'Take a tour'.

Claim ID	Reason	Benefit(s)	Start Date	Status
24563156	Employee's own illness	Short Term Disability Claim	December 27, 2018	Pend
24563157	Employee's own illness Employee	Fed FMLA CT FMLA	December 27, 2018	Open
24563150	Employee's own illness	Short Term Disability Claim	December 05, 2018	Pend

Here are some features you may be able to use within the portal*:

- Get a claim status
- Take action through online alerts
- View copies of letters and forms
- Complete and sign forms online
- View and print copies of pay stubs
- Sign up for direct deposit or request a prepaid debit card
- View and print copies of your tax forms (1099, W2)
- Report a new claim or leave**
- Add time to intermittent leave
- Tell us you returned to work
- Contact The Hartford and receive an email response
- Schedule a call with your claims analyst

* Your employer may not offer all of these options.

**Your employer will be notified of your request for leave.

MY DASHBOARD

The employee dashboard contains a snapshot of all of the important details:

- Most recent updates are provided through alerts.
- Electronically complete and sign important documents.
- Upload scanned copies of required forms.
- Latest activities, along with a diary of all activities.
- Claim status and access to claim details.
- Report a new claim or a return to work.
- Quickly contact The Hartford in writing or schedule a call back.
- Payments and other benefits.
- Copies of letters and other important forms.

THE HARTFORD My Alerts My Profile Contact Us Help Log Out

My Dashboard My Claims My Benefits My Documents My Payments

Welcome, Debra Atwood of The Hartford Demo Company
You last logged in on 11/2/2018 at 5:53 PM

My Dashboard

Report New Claim Return to Work

My Dashboard

Alerts 7 Documents to submit 6 Payment Update 0

View Latest Activity

My Claims View All Claims **Leave Balances**

Claim ID	Reason	Benefit(s)	Start Date	Status
24563156	Employee's own illness	Short Term Disability Claim	December 27, 2018	Pend
24563157	Employee's own illness Employee	Fed FMLA CT FMLA	December 27, 2018	Open
24563150	Employee's own illness	Short Term Disability Claim	December 05, 2018	Pend

Federal Family and Medical Leave Act (FMLA)
November 03, 2018 - November 04, 2017
0 weeks of 12 weeks Remaining

Connecticut Family Medical Leave Law (CTFMLA)
November 03, 2018 - November 04, 2016
0 weeks of 16 weeks

Announcements

Welcome to The Hartford's Ability Advantage
Your benefits, powered by The Hartford. We're passionate about ... [View more](#)

Quick links

- Report New Claim
- Update Payment Info
- Upload Document(s)
- Download Documents
- Contact Us
- Update User Profile

Take a tour

- Videos
- Preview our site

Make it easy on yourself.

Visit www.abilityadvantage.thehartford.com to register and start using today.

MY CLAIMS

Real-time access to claim details:

- Claim status.
- Approval dates.
- Plan details.
- Payment details, including explanation of benefits when The Hartford is issuing the payment.
- A listing of providers The Hartford is working with.
- Workers' compensation carrier integration.
- Details of a vocational rehabilitation program.
- A listing of offsets and deductions from benefit payments.
- Appeal status.
- Quick access to important tasks and a diary of events.
- Quickly report a new claim or a return to work.

The screenshot shows the 'My Claims' section of The Hartford's employee portal. At the top, there is a navigation bar with 'My Alerts', 'My Profile', and 'My Claims' (which is circled). Below the navigation bar, a welcome message for Debra Atwood is displayed. The main content area features a search bar and three action buttons: 'Add Time To an Existing Leave', 'Report New Claim', and 'Return to Work'. A table below lists three claims with columns for Claim ID, Reason, Benefit(s), Start Date - Through Date, Status, and Claim Representative.

Claim ID	Reason	Benefit(s)	Start Date - Through Date	Status	Claim Representative
24563156	Employee's own illness	Short Term Disability Claim	December 27, 2018- NA	Pend	LIM, CHRISTINE
24563157	Employee's own illness Employee	Fed FMLA CT FMLA	December 27, 2018- December 31, 2018	Open	THE HARTFORD DISABILITY AND LEAVE MANAGEMENT
24563150	Employee's own illness	Short Term Disability Claim	December 05, 2018- NA	Pend	LEACH, PAUL

Claim Details **Health Care Provider** Vocational Rehabilitation Workers' Compensation
 Offsets and Deductions Appeals

Status	Provider Name	Phone	Fax
Active	SMITH, CARLOS	(203) 999-9999	(203) 999-9998
Active	SMITH, JOHN	(609) 924-8131	(609) 924-8532
Active	Smitha, John	(404) 616-4838	

Last provider contact date: **August 02, 2018**

Claim Details Health Care Provider **Vocational Rehabilitation** Workers' Compensation
 Offsets and Deductions Appeals

Vendor Service Initiated: Service Requested: **Vocational Management**

Other: **Arthritis Management**

Retraining Program

School name:	Jones Rehab	Start Date:	March 30, 2017
Phone Number:	5175551122	Contact:	Bob
Program name:	Arthritis for Seniors	Anticipated Completion Date:	May 01, 2017
Fax Number:	5175551123	Anticipated Cost:	\$650.00

Claim Details Health Care Provider Vocational Rehabilitation **Workers' Compensation** Offsets and Deductions Appeals

Status: **Open**
 Benefits: **Temp Partial**
 Carrier: **Crawford & Co**
 Claim Number: **AB156950**

Workers' Compensation Offsets

Claim Details Health Care Provider Vocational Rehabilitation Workers' Compensation **Offsets and Deductions** Appeals

Offsets

Effective date	End Date	Offset Description	Offset Type	Offset Amount(\$)	Offset Frequency
March 08, 2017	March 08, 2018	Workers Comp Reimbursement	Add to Gross Benefit	35	Weekly

Deductions

Effective date	End Date	Deduction Description	Deduction Type	Tax Type	Deduction Amount (\$)	Deduction Frequency
March 08, 2017	March 08, 2018	401(k) Loan Repayment 25		Post-Tax	15	Weekly

Claim Details Health Care Provider Vocational Rehabilitation Workers' Compensation

Offsets and Deductions **Appeals**

Due date	Appeal status	Appeal decision
September 16, 2018	Closed	Upheld

MY DOCUMENTS

Real-time access to documents:

- Requested documents that can be electronically completed, signed and submitted.
- Copies of all claim letters.
- Copies of documents that have been completed and signed electronically or scanned and uploaded.
- Blank forms can be printed, completed and then either mailed, faxed or uploaded.
- Copies of W2 and 1099 tax forms.
- Access to upload documents scanned to the computer or captured via a smartphone.


The screenshot shows the 'My Documents' page for a user named Debra Atwood. The navigation bar includes 'My Alerts', 'My Profile', 'Contact Us', 'Help', and 'Log Out'. The main menu has 'My Dashboard', 'My Claims', 'My Benefits', 'My Documents' (circled), and 'My Payments'. The page content includes a welcome message, a 'My Documents' section with an 'Upload Document(s)' button, and a list of document categories: 'Requested Documents', 'Letters', 'Electronic Documents', and 'Download Forms'. Under 'Requested Documents', there is a document titled 'Authorization to Share and Use Medical Information' with a 'Complete Form Online' button. A 'Did you know?' section features a video about reporting a new leave. A 'Quick links' section lists various actions like 'Report New Claim' and 'Update Payment Info'. A 'Take a tour' section is also visible.


This screenshot shows the 'My Documents' page with the 'Letters' tab selected and circled. It displays a table of document letters with columns for 'Link', 'Name', 'Claim Id', and 'Created On'.

Link	Name	Claim Id	Created On
View	EE - Mixed Status	24563547	10/29/2018
View	EE - Prelim Designation	24563547	10/29/2018
View	Update Medical Authorization Form	24562364	10/07/2018

Requested Documents Letters Electronic Documents **Download Forms** Tax Forms

Show All Direct Deposit Form

 direct deposit form

 My Documents

My Documents Upload Document(s)

Requested Documents Letters Emails Electronic Documents Download Forms **Tax Forms**

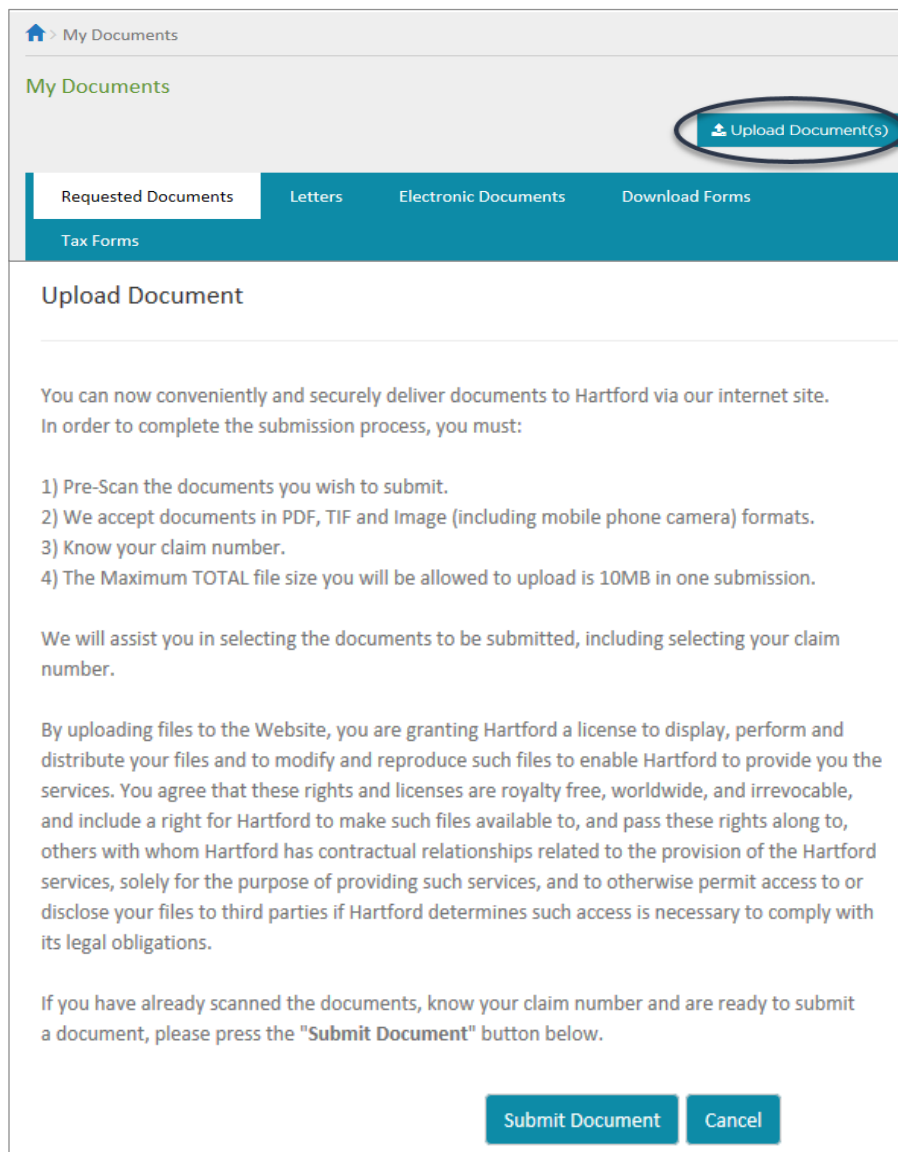
You can now download copies of tax forms, including form W2, 1099 INT and 1099 MISC. There is no charge to download these forms and it is easy. Select the form you want to download. Once you have downloaded the form, you will be able to select another form to download. Forms for the prior year will be available by January 31 of the current year.

Tax Form W-2 Year: 2014	Tax Form W-2 Year: 2016
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DOCUMENT UPLOAD

How to upload a document:

- Scan the document(s) or capture photos using a smartphone camera.
- Select “Upload Document.” This can be found on “My Documents” and also in the Quick Links on “My Dashboard.”
- Select the claim number.
- Browse and select the file.
- Select “Add Another File” and repeat until done.
- Click “Submit Documents.”



Home > My Documents

My Documents

Upload Document(s)

Requested Documents Letters Electronic Documents Download Forms

Tax Forms

Upload Document

You can now conveniently and securely deliver documents to Hartford via our internet site. In order to complete the submission process, you must:

- 1) Pre-Scan the documents you wish to submit.
- 2) We accept documents in PDF, TIF and Image (including mobile phone camera) formats.
- 3) Know your claim number.
- 4) The Maximum TOTAL file size you will be allowed to upload is 10MB in one submission.

We will assist you in selecting the documents to be submitted, including selecting your claim number.

By uploading files to the Website, you are granting Hartford a license to display, perform and distribute your files and to modify and reproduce such files to enable Hartford to provide you the services. You agree that these rights and licenses are royalty free, worldwide, and irrevocable, and include a right for Hartford to make such files available to, and pass these rights along to, others with whom Hartford has contractual relationships related to the provision of the Hartford services, solely for the purpose of providing such services, and to otherwise permit access to or disclose your files to third parties if Hartford determines such access is necessary to comply with its legal obligations.

If you have already scanned the documents, know your claim number and are ready to submit a document, please press the "Submit Document" button below.

Submit Document Cancel

Upload Document

Select Claim:

ATTENTION: The ability to upload documents is dependent upon the speed of your individual internet connection. In the event you experience a timeout while attempting to upload, please reduce the size of your file(s) and try again. Remember, you may only submit up a maximum of up to 10 MB per attempt.

Upload Files:

[Add another file](#)

Note:

- Maximum file size is 5 MB per document.
- Maximum submission size is 10 MB.
You can make as many submissions as you want.
- Check the quality of the submission by selecting “Electronic documents” within 15 minutes of the submission.

MY PAYMENTS

- See a listing of all benefit payments issued by The Hartford over the prior three years.
- View and print copies of detailed pay stubs.
- Deposit your benefits directly into your checking account or on to a prepaid debit card. This option is also available by selecting “My Profile” at the top of our site.
- Use a credit or debit card to make a payment toward an overpayment balance, if you have one.

THE HARTFORD

My Alerts My Profile Contact Us Help Log Out

My Dashboard My Claims My Benefits My Documents **My Payments**

Welcome, Debra Atwood of The Hartford Demo Company
You last logged in on 11/3/2018 at 5:18 PM

Debra Atwood Payments

Debra Atwood Payments [Update Payment Options](#) [Make Payments](#)

Latest Payments

1/19/2018 Claim #24562356

\$ Payment Period:
1/15/2018 To 1/19/2018
Net Pay:
\$445.39
[View Pay Stub](#)

1/12/2018 Claim #24562356

\$ Payment Period:
1/9/2018 To 1/21/2018
Net Pay:
\$345.39
[View Pay Stub](#)

Did you know?
Report a new leave
Learn how to report a new leave to us
[Watch a video](#)

View All Payments

* If payment method = ATP – C, this is the date that The Hartford performed the calculation which was sent to your employer.
* If payment method = Check, this is the date the check was sent from The Hartford.
** If payment method = ATP – C, this is the benefit amount as calculated by The Hartford, which has been sent to your employer.
**If payment method = Check, this is the actual amount of the Check.

Claim Number	Payment Date *	Payment Method	Payment Number	Payment From	Payment To	Payment Source	Amount **	View Pay Stub
24562356	1/19/2018	Check	1010100	1/15/2018	1/19/2018	Your Employer	\$445.39	View
24562356	1/12/2018	Check	1010000	1/9/2018	1/21/2018	Your Employer	\$345.39	View

**You won't see "My Payments" if your employer pays you through salary continuation or if The Hartford hasn't issued a benefit payment to you.

PAY STUBS

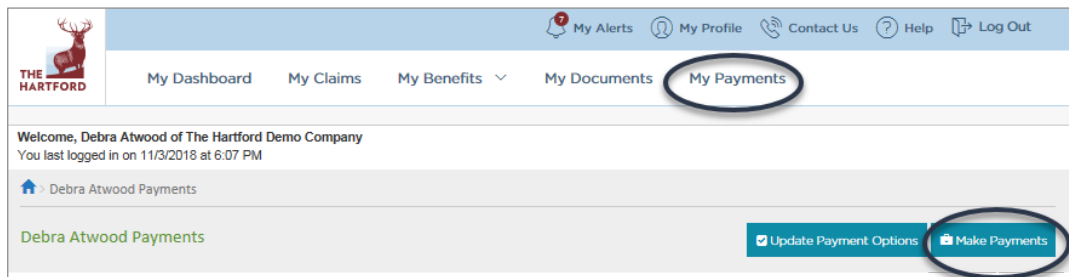
Hartford Life and Accident Insurance Company P. O. Box 14869 Lexington, KY, 40512-4869, USA			Pay Group: STW- HAA E2E WD (STD/INS) Claim No.: 24562356 Earnings Begin Date: 01/15/2018 Check#: 1010100 Earnings End Date: 01/19/2018 Check Date: 01/19/2018					
DEBRA ATWOOD 66 CHIMNEY CORNER PKWY GREENWICH, CT 06001		Employee ID: 98765435 EOB NO.: 25415759 Days Paid: 5	TAX DATA: Federal CT State Marital Status: Single Single Allowances: 0 0 Add. Pct.: 0 0 Add. Amt: 0.00 0.00					
BENEFIT INFORMATION								
----- Benefits Under Your Plan -----								
Benefit Salary: (amount from which benefits are calculated)					2,134.62			
Benefit Percentage of Earnings Under Your Plan:					60% 0 weeks to 25 weeks			
Benefit Amount:					\$1,280.77			
Minimum Benefit Under Your Plan:					00.00			
Maximum Benefit Under Your Plan:					500.00			
Frequency:					WEEKLY			
BENEFITS BEING PAID FOR THIS PAY PERIOD			OFFSET INFORMATION					
-----			----- Offsets applied to your benefit for this pay period -----					
Description	Amount	Pay Period	Description	Amount	Pay Period			
Benefit Amount:	500.00	5 days						
HOURS AND EARNINGS			TAXES					
----- Current -----			----- YTD -----					
Description	Rate	Hours	Earnings	Hours	Earnings			
Gross Benefit Non-Taxable	0.00	0	500.00	0	900.00			
Total:			500.00		900.00			
BEFORE-TAX-DEDUCTIONS			AFTER-TAX-DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Dental Premium	3.28	6.56	Life Premium After-Tax	3.84	7.68			
Medical Premium	44.88	89.76	LTD Premium After-Tax	1.38	2.76			
Vision Premium	1.23	2.46						
Total:	49.39	98.78	Total:	5.22	10.44	*Taxable		
Total Gross		Fed Taxable Gross		Total Taxes		Total Deductions		Net Pay
Current:		500.00		0.00		54.61		445.39
YTD:		900.00		0.00		109.22		790.98
COMPANY MESSAGE: As of November 1, 2017, The Hartford became the administrator and reinsurer for the Aetna's group Life and Disability insurance coverage issued to your employer. Customer Service can be reached at (866)226-8143.						NET PAY DISTRIBUTION		
						Check # 1010100		445.39
PERSONAL MESSAGE:						Total:		445.39

1 of 1

OVERPAYMENTS

How to make a payment:

- Select the option “Make a Payment” on “My Payments.” You’ll see the amount due.
- Enter the amount you’d like to pay and also select if you’ll be using a debit or credit card.
- Click “Open Secure Payment Page” and you’ll be taken to an external site that processes payments for The Hartford.
- You’ll be asked to enter your card number, expiration date, special code value and the name on the card.
- You’ll be provided with a receipt, and The Hartford will receive the funds within two business days.



My Payments > Make A Payment

My Overpayments

Please enter the amount you would like to pay in the “Payment Amount” field. The payment amount must be at least \$10.00 and cannot exceed \$517.79. Once you have entered the amount you would like to pay, press the “Open Secure Payment Page” button to continue.

Claim Number	Product	Overpayment	Payment Amount	Payment Option Selected
<input type="radio"/> 1517171	Short Term Disability Claim Statutory	\$517.79	\$ 0 . 00	<input type="radio"/> Credit Card <input type="radio"/> Debit Card

Open Secure Payment Page

The Hartford does not store your credit or debit card information. Your information will be collected in a secured manner.

CONTACT US

Contact The Hartford's claim team:

- Email our claim team anytime, anywhere.
- Enter your email address, select the claim and a category and then type your message. We'll email you back, usually within one business day.
- Call or fax us.
- Schedule an appointment and we'll call you at a time convenient for you.

THE HARTFORD

My Alerts My Profile **Contact Us** Help

My Dashboard My Claims My Benefits My Documents My Payments

Welcome, Debra Atwood of The Hartford Demo Company
You last logged in on 11/2/2018 at 5:53 PM

Contact Us

Contact Us My Contacts Schedule A Call

Your E-Mail Address:
darren.stiles@thehartford.com

Claim ID / Claim Type
-Claim ID / Claim Type-

Category
-Select Category-

Message
4000 characters remaining
Send

Address:
PO Box 14869
Lexington KY
40512

Hearing Impaired:
1-800-735-1232

Fax:
833-357-5153

Telephone:

Leave of Absence	888-301-5615
Long Term Disability	888-301-5615
Paid Family Leave	888-301-5615
Premium Waiver	888-301-5615
Short Term Disability	888-301-5615

Questions about critical illness, accident, and/or hospital indemnity coverage?
Phone 1-877-248-5077
Fax 1-469-417-1970
www.thehartford.com/benefits/myclaim

WebTPA
P.O. box 99906
Grapevine, TX 76099

Did you know?
Report a new leave
Learn how to report a new leave to us

Quick links

- Report New Claim
- Update Payment Info
- Upload Document(s)
- Download Documents
- Contact Us
- Update User Profile

Take a tour

- Videos
- Preview our site

SCHEDULE A CALL

How to schedule a call:

- Select the eligible claim.
- Select the date and time that is most convenient.
- Provide the call back number and a brief explanation of what you would like to discuss. This will allow us to prepare for the call.
- You can either select to receive an email or a text message confirming your appointment.
- You can either select to receive an email or a text message reminding you of the call.

Contact Us

Contact Us
My Contacts
Schedule A Call

Earliest available time
November 5, 2018 11:30 AM Eastern

Choose a time slot from the list below

Available appointments for claim owner PAUL LEACH		
Wednesday	November 7, 2018	02:00 PM Eastern
Wednesday	November 7, 2018	03:00 PM Eastern
Thursday	November 8, 2018	12:00 PM Eastern
Thursday	November 8, 2018	02:00 PM Eastern
Thursday	November 8, 2018	04:00 PM Eastern
Friday	November 9, 2018	03:00 PM Eastern
Friday	November 9, 2018	04:00 PM Eastern
Friday	November 9, 2018	05:00 PM Eastern

Contact Us

Contact Us
My Contacts
Schedule A Call

Tell us how to send you a confirmation of your appointment. In addition, you can also ask us to remind you two hours prior to the call.

Call me at this number

Email Address

Mobile Number:

Confirmation (Select one)

Email:

Text () _ - _

Message:

Reminder (Optional)

Email:

Text () _ - _

Message:

Please let us know what you want to discuss

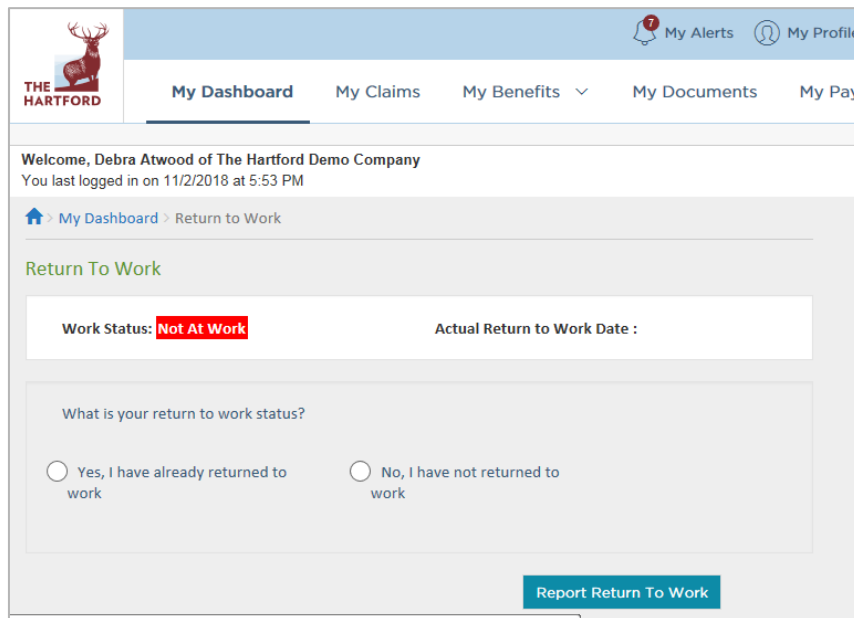
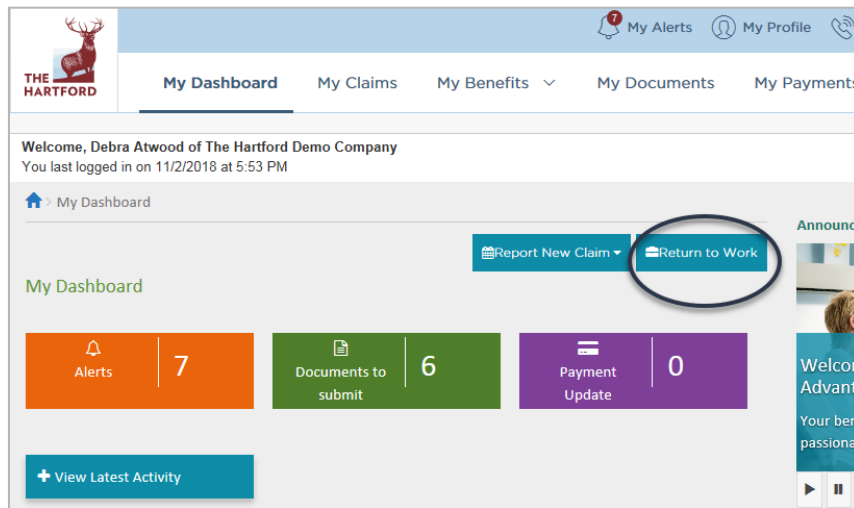
[Total characters typed:0 | Total characters remaining:400]

Back
Reset
Submit Appointment

RETURN TO WORK

Back to normal:

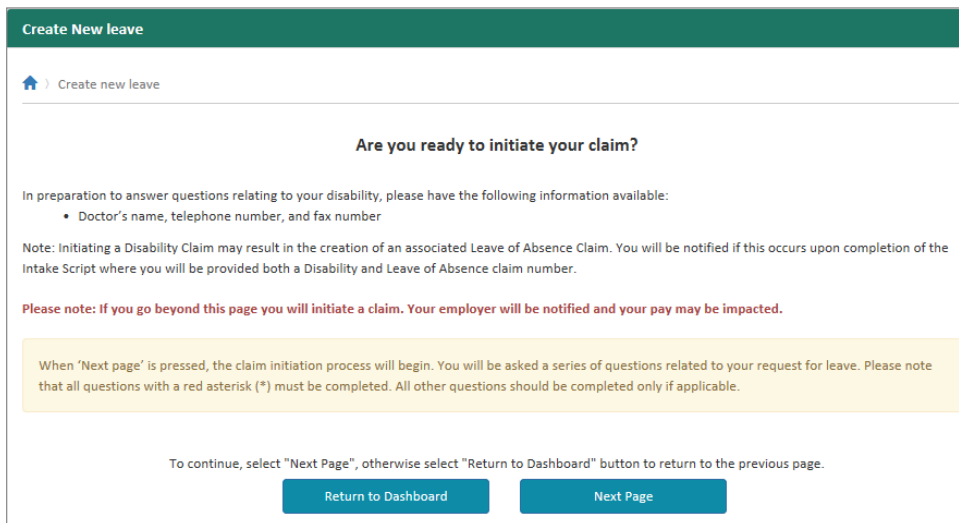
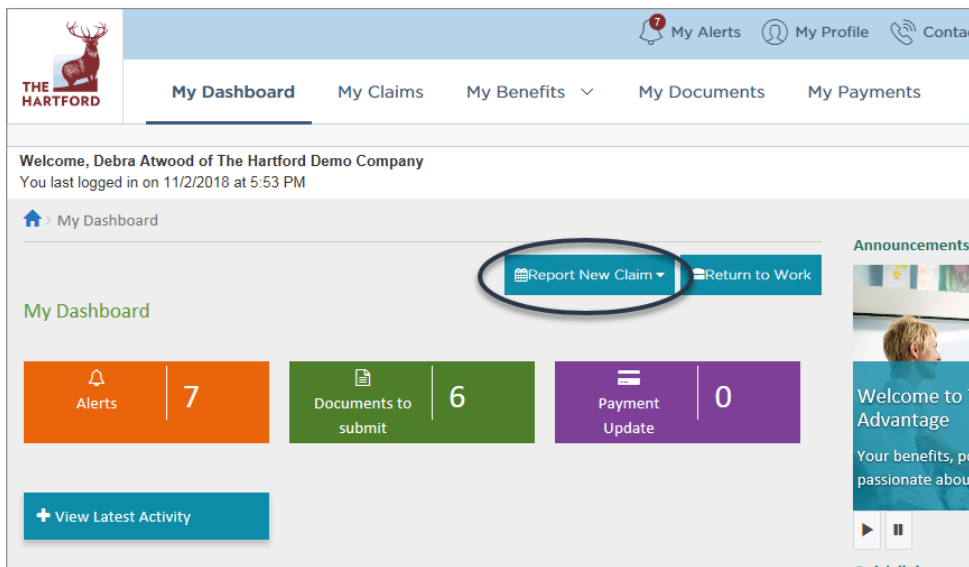
- Report a return to work.
- Tell us if you have returned to full or partial duty.
- Tell us if you have any restrictions at work.
- Tell us if your return to work plan has changed.



REPORT A NEW CLAIM

Out of work:

- Report a new claim to The Hartford online.
- Complete a claim you started with our customer care team.
- We'll ask you for information about your loss, including the date you last worked, the reason you need to be out of work, and when you think you might be able to return to work.
- If we need it, we'll ask for your doctor's information and some information about your job duties.
- Once complete, you'll receive a claim number.



REPORT A NEW CLAIM

Contact Information	Claim Information	Provider Details	Employer Information	Insurance Information	Customer Specific/ Claim Creation	Summary/ What happens next
---------------------	-------------------	------------------	----------------------	-----------------------	-----------------------------------	----------------------------

Last saved: 11/3/2018 4:34:13 PM

Contact Information

Please confirm the below information:

Employee First Name: Employee Last Name: Employee Middle Initial:

Suffix: Employee Id: SSN:

Address1:

Address2:

City: State: Zip:

Do you speak English? Yes No

Primary Phone Number: Country Code

Are there any other numbers you would like to provide us? Yes No

If we are unable to reach you, may we have your authorization to leave a message containing confidential medical and benefit information? Yes No

Do you plan to receive mail at a temporary address while on leave? Yes No

Personal E-mail Address: No E-mail Address Prefer not to provide

* Email you can access outside work

! If you provide an e-mail address, you'll hear from us sooner when we have an update about your claim. It may help your claim get resolved more quickly.

Contact Information	Claim Information	Provider Details	Employer Information	Insurance Information	Customer Specific/ Claim Creation	Summary/ What happens next
---------------------	-------------------	------------------	----------------------	-----------------------	-----------------------------------	----------------------------

Last saved: 11/3/2018 4:35:52 PM

Claim Information

Can you tell us why you will be absent from work?

Below is the time that has been requested:

<<< Prev Month							November	2018	Next Month >>>												
October 2018							November 2018			December 2018											
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	
		01	02	03	04	05	06					01	02	03							01
07	08	09	10	11	12	13	04	05	06	07	08	09	10	02	03	04	05	06	07	08	
14	15	16	17	18	19	20	11	12	13	14	15	16	17	09	10	11	12	13	14	15	
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	
28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29		
													30	31							

New Request
Previously Requested Approved, Pending, or Denied Full Day
Previously Requested Approved, Pending, or Denied Partial Day
Previously Requested Canceled Full Day
Previously Requested Canceled Partial Day

REPORT A NEW CLAIM

[Contact Information](#) | [Claim Information](#) | **Provider Details** | [Employer Information](#) | [Insurance Information](#) | [Customer Specific/Claim Creation](#) | [Summary/What happens next](#)

Last saved: 11/3/2018 4:40:30 PM

Provider Details

What's the name of your doctor or other provider that is taking you out of work? [Hide Search](#) www.google.com

i You can perform a search either by the last name of the provider or the Tax ID of the provider. If a telephone number search is performed, phone number must be entered in the format xxx-xxx-xxxx.

Last Name: First Name:
 City: State:
 Phone Number: Tax ID:
 Partial match

i To add a new Health Care Provider when a match is not found, complete the fields below and select the Add New Health Care Provider button.

[Clear All Fields](#)
 Health Care Provider Last Name: Health Care Provider First Name:
 Address 1:
 Address 2:
 City: State/Province:
 Zip:
 Health Care Provider Phone #: Country Code Health Care Provider Fax #: Country Code
 Specialty:

i To remove a selected Health Care Provider, highlight the name in the right side of the Selected Providers grid and select the left arrow.

Are you seeing more than one doctor? Yes No

If you are not seeing a specific Health Care Provider, are you treating at a facility? Yes No

[Contact Information](#) | [Claim Information](#) | [Provider Details](#) | **Employer Information** | [Insurance Information](#) | [Customer Specific/Claim Creation](#) | [Summary/What happens next](#)

Last saved: 11/3/2018 4:41:31 PM

Employer Information

Are you a Full Time or Part Time employee? Full Time Part Time

Are you hourly or salary? Hourly Salary

What is your normal schedule?

Work Schedule Grid

Schedule Effective Date:

Select Time Automatically:

Work Day From: To:

Select Time Manually:

Week 1	Day Type	Start Time	End Time	Daily Hours
<input type="checkbox"/> Sunday	Non Work Day <input type="text"/>	• <input type="text"/> : <input type="text"/>	• <input type="text"/> : <input type="text"/> <input type="button" value="insert"/>	<input type="text"/>
<input type="checkbox"/> Monday	Work Day <input type="text"/>	• 9 am <input type="text"/> : 00 <input type="text"/>	• 5 pm <input type="text"/> : 00 <input type="text"/> <input type="button" value="insert"/>	8 hrs 0 min
<input type="checkbox"/> Tuesday	Work Day <input type="text"/>	• 9 am <input type="text"/> : 00 <input type="text"/>	• 5 pm <input type="text"/> : 00 <input type="text"/> <input type="button" value="insert"/>	8 hrs 0 min
<input type="checkbox"/> Wednesday	Work Day <input type="text"/>	• 9 am <input type="text"/> : 00 <input type="text"/>	• 5 pm <input type="text"/> : 00 <input type="text"/> <input type="button" value="insert"/>	8 hrs 0 min


REPORT A NEW CLAIM

Contact Information	Claim Information	Provider Details	Employer Information	Insurance Information	Customer Specific/ Claim Creation	Summary/ What happens next
---------------------	-------------------	------------------	----------------------	-----------------------	-----------------------------------	----------------------------

Last saved: 11/3/2018 4:42:31 PM

Insurance Information:

Who is your Health Insurance Carrier?


 [Complete Medical Authorization Now](#)

Contact Information	Claim Information	Provider Details	Employer Information	Insurance Information	Customer Specific/ Claim Creation	Summary/ What happens next
---------------------	-------------------	------------------	----------------------	-----------------------	-----------------------------------	----------------------------

Last saved: 11/3/2018 4:43:23 PM

Customer Specific

Have you previously worked for your current employer as a temporary or contracted employee? Yes No



MY PROFILE

Your experience, your way:

- Change your user name, password and security questions.
- Change your mailing address, telephone number, email address and mobile telephone number.
- Enroll in direct deposit or request a prepaid debit card.
- Request updates on your claim by email or text message.

THE HARTFORD My Alerts My Profile Contact Us Help Log Out

My Dashboard My Claims My Benefits My Documents My Payments

Welcome, Debra Atwood of The Hartford Demo Company
You last logged in on 11/4/2018 at 11:32 AM

My Profile

My Profile

Our records show your last successful log in was on 11/4/2018 at 11:32 AM. If you believe that your online information is being accessed without your approval, please change your password.

Sign-in & Security
Control your password and account-access settings

- Change your User Name
- Change your Password
- Change your Security Question & Answers

Personal Info
Manage your visibility settings and the data we use to personalize your experience..

- Change your contact information- Address, Telephone & Email Address

Notifications
Configure your claim communications so as to opt in or out of receiving alert notification

- Manage My Electronic Correspondence
- Alerts & Notification Configuration

Privacy Policy

- Privacy Policy
- Legal Notice
- Accessibility Statement
- Security Statement

MY PROFILE: CHANGE MY USER NAME

 **Sign-in & Security**

Control your password and account-access settings

- [+ Change your User Name](#)
- [+ Change your Password](#)
- [+ Change your Security Question & Answers](#)

Change My User Name

[Home](#) > [My Profile](#) > [Change User Name](#)

** Indicates a Required Field*

You must first Enter your Current Password and New User Name. Then press Check Availability to see if the User Name you want to use is available. If it is available, you can change your User Name.

* Enter Current Password:	<input type="text"/>	For security purposes, please enter your current Password.
* Enter New User Name:	<input type="text"/>	For security purposes, The user name must be at least 6 characters in length. No more than 20 characters in length. The user name cannot contain any spaces. The user name is case sensitive, so capitalization matters. Make sure you record your user name for future reference.

MY PROFILE: CHANGE MY PASSWORD

Change My Password

[Home](#) > [My Profile](#) > [Change Password](#)

** Indicates a Required Field*

To change your password you must first enter your current password and then enter the new password twice.

*** Current Password:** Please enter your current password

*** New Password:** Must be a minimum of 8 characters in length. Must contain a capital letter, lower case letter, special character and at least one number

Password strength

*** Re-Type New Password:**

MY PROFILE: CHANGE MY SECURITY QUESTION

Security Questions

[Home](#) > [My Profile](#) > [Change Security Questions](#)

For your security, we may occasionally ask you to answer a security question. Please select 3 security questions below, answer them and then press 'save'.

Question 1

Question 2

Question 3

Sometimes it is necessary to discuss confidential and personal information and we want to make sure that we are always speaking to the right person. Please choose to provide us either your mother's maiden name (up to 20 characters) or a 4 digit PIN.

Which you would like to provide us?

Mother's Maiden Name
 4 Digit PIN

Please provide the value. You can enter up to 20 characters of your mother's maiden name or a 4 digit PIN.

MY PROFILE: CHANGE MY CONTACT INFORMATION

Personal Info

Manage your visibility settings and the data we use to personalize your experience..

[+ Change your contact information- Address, Telephone & Email Address](#)

Change my Contact Information

My Profile > Change Contact Information

Home Address

** Indicates a Required Field*

* Address 1:

Address 2:

Address 3:

* Country:

* City:

* State:

* Zip:

* Home Phone:

Country Code Area Code Extension


Mobile Phone:

Country Code Area Code Extension

Home Email Address:


EMAIL CORRESPONDENCE

- Request an email when there are new letters available.
- There are some claims letters that we'll also mail to you, even if you ask us not to.
- You'll receive an email from us around 8pm ET with directions on how to read the new letter.
- If you don't read the letter within one week, we'll print it and mail it to you.
- You can always print or save a local copy of any letter online.

 **Notifications**

Configure your claim communications so as to opt in or out of receiving alert notification

- [+ Manage My Electronic Correspondence](#)
- [+ Alerts & Notification Configuration](#)

 Configure Your Electronic Preferences

[Home](#) > [My Profile](#) > Configure Electronic Preferences

Please configure your preferences here. You can change these preferences at any time by accessing the "User Profile".

** Indicates a Required Field*

Error: You have elected to receive Electronic Notifications but your Email Address has not been confirmed. To confirm your Email Address please complete the form above and save.

***Email Address:** Enter an e-mail address that you have constant access to whether it be home or work. In the event your password is reset, the new password will be e-mailed to you at the e-mail address provided here.

***Confirm Email Address:**

Electronic Communications: Yes No

I have read and agree to the [Electronic Communications Terms and Conditions](#).

ALERT NOTIFICATIONS

We'll text or email you updates:

- Request an email with updates to your claim. You can also ask us to send you a text message.
- If you ask us to send you text messages, you must give us your approval to do so. Standard message rates will apply to any message we send you, in case you don't have an unlimited text message plan.
- The Hartford recommends you select "Daily" notifications either by text message or email. Notifications are sent out at 8pm ET.

Alerts & Notification Configuration

My Profile > Alerts & Notification Configuration

Home Email Address: Edit Save Cancel

Notification Settings: Summary of Open Alerts Notification Settings: By Individual Alert

Summary Type	Enable Notification	Notification Method
Daily	<input type="checkbox"/>	Home Email <input type="text"/>
Weekly	<input type="checkbox"/>	Home Email <input type="text"/>
None	<input checked="" type="checkbox"/>	N/A <input type="text"/>

I have read and agree to the [Text Message Communications Terms and Conditions](#)


Would you like The Hartford to send you text messages? Yes No

Mobile Phone Number:

PAYMENT OPTIONS


Direct Deposit:

- Request deposit of your disability check into your checking or savings account.
- You'll need to provide your routing number, account number and authorization.
- We can also suppress printing of your benefit pay stub if you prefer to view it online.
- If you ask us to send you an email or text message notification, we'll notify you of new payments.
- The process to set this up with your bank usually takes 2-3 weeks. And you can stop it at any time.

 **Payments**

Manage your direct deposit and pre-paid debit card info


[+ Request Direct Deposit/ Request a pre-paid debit card](#)

 **Payments**


Manage your direct deposit and pre-paid debit card info

[- Request Direct Deposit/ Request a pre-paid debit card](#)

Set Up Direct Deposit

 Hartford Life and Accident Insurance Company now offers Direct Deposit of your disability benefit. A bank account is required.

Request a Reloadable Pre-Paid Card

 Simply verify some basic information, acknowledge the terms and conditions of the program and your request will be entered. You will receive an introduction package within 10 business days from the Money Network.

[Next](#)

PAYMENT OPTIONS

Prepaid Debit Card:

- You can ask us to deposit your disability check onto a prepaid debit card.
- A bank account is not required.
- The Money Network will send you the prepaid card.
- You can cancel at any time.

The screenshot shows the user interface of The Hartford's online portal. At the top left is the logo for 'THE HARTFORD' featuring a red deer. The top navigation bar includes links for 'My Alerts', 'My Profile', 'Contact Us', 'Help', and 'Log Out'. Below this is a secondary navigation bar with 'My Dashboard', 'My Claims', 'My Benefits', 'My Documents', and 'My Payments'. The main content area displays a welcome message for 'Debra Atwood of The Hartford Demo Company' and a breadcrumb trail for 'Debra Atwood Payments'. Two buttons are visible: 'Update Payment Options' (circled in red) and 'Make Payments'. Below these are sections for 'Latest Payments' with two cards showing dates and claim numbers, and a 'Did you know?' section with a deer image and a 'Report a new leave' link.

FULL ADMINISTRATION LEAVE OF ABSENCE

A dashboard view that contains a snapshot of all the important details:

- Leave balances provide a quick glance at the number of weeks an employee has available to take leave.
- Leave balances are shown only for the “current period,” which is usually the prior 12 months.
- If the employee hasn’t taken any leave during the “current period,” there will be no balances shown.

My Dashboard

Report New Claim | Return to Work

Alerts | 0 | Documents to submit | 1 | Payment Update | 0

+ View Latest Activity

My Claims

Claim ID	Reason	Benefit(s)	Start Date	Status
1496632	Care of a Family Member Father	Fed FMLA	May 10, 2016	Open
1270253	Care of a Family Member Mother	Fed FMLA	September 05, 2013	Open

Leave Balances

Federal Family and Medical Leave Act (FMLA)
March 17, 2017 - March 18, 2016
11.4 weeks of 12 weeks Remaining

Make it easy on yourself.

Visit www.abilityadvantage.thehartford.com to register and start using WorkAbility today.

MY CLAIMS

Real-time access to claim details:

- Leave details includes the first date and most recent request on the claim.
- Leave balance details includes the benefit period, total benefit amount, time used within the current period, future time approved and remaining time available.
- Absence detail shows the absences with the work schedule for the day.

THE HARTFORD

My Alerts My Profile Contact Us Help Log Out

My Dashboard **My Claims** My Benefits My Documents

Claim Details Certifications Absence

Leave Of Absence - Claim Details

Claim Number: 24563558 Last Requested Date: **November 01, 2018**

Leave Type: **Continuous** Start Date: **November 01, 2018**

Status: **Open** Date Reported: **November 01, 2018 11:08:00 AM**

Last Updated: **November 01, 2018 11:09:00 AM** Leave Reason: **Pregnancy**

Relationship: **Employee** Projected Return to Work:

Actual Return To Work:

Balances

Benefit Type	Benefit Period From	Benefit Period Through	Total Benefit Amount	Time Used	Future Time Approved	Remaining Time Available
Federal Family and Medical Leave Act (FMLA)	11/6/2018	11/7/2017	12 weeks	0.8 weeks	0 weeks	11.2 weeks

Claim Details Certifications **Absence**

Absence Details

Show **10** entries

Search:

Dates Of Absence	Benefit	Eligibility	Status
	<input type="text"/>	<input type="text"/>	<input type="text"/>
10/8/2018 12:00 PM - 5:00 PM	Federal Family and Medical Leave Act (FMLA)	Eligible	Pend - Awaiting certific
10/3/2018 12:00 PM - 5:00 PM	Federal Family and Medical Leave Act (FMLA)	Verify	Pend - Awaiting certific

MY BENEFITS

Benefits forecast:

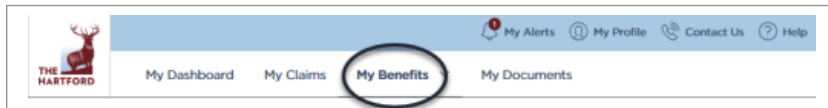
- You can find out how many weeks of job protected time away from work is available to you based on a future date.
- We'll calculate the number of weeks based on the leave time you have taken, plus the leave time you'll earn back and any future time you've requested.
- The leave of absence benefits will always be shown as a number of weeks to comply with federal and state law.

The screenshot displays the 'My Benefits' section of a web application. At the top, there is a navigation bar with links for 'My Alerts', 'My Profile', 'Contact Us', 'Help', and 'Log Out'. Below this, a breadcrumb trail shows 'My Dashboard', 'My Claims', 'My Benefits' (highlighted with a red circle), and 'My Documents'. The main content area is titled 'Leave Management' and contains a 'My Benefits' sub-section. Under 'My Benefits', there is a 'Benefit Forecast' header. The text below explains that the system can calculate available leave time based on usage and benefits. It prompts the user to select a date for the forecast, with a dropdown menu currently set to 'Next three months'. Other dropdown options include 'Pregnancy' and 'Employee'. Below the date selection, the 'Forecast Date' is shown as 'February 06, 2019'. A table displays the forecasted leave: 'Federal Family and Medical Leave Act (FMLA)' with a value of '11.2 WEEKS'. A green 'Clear' button is located at the bottom of the form.

MY BENEFITS

My Benefits Calendar:

- Use the benefits calendar to see all of your requests for leave for the year.
- You can scroll backward and forward by year.
- By selecting a date, you can see the details of that date, including the hours you were scheduled to work, your absences, and the status of your approval for that day.
- You can print a report that shows you all of your absences for the year.



My Calendar Benefit Eligibility

Filter Print Report Export Absences CSV

Full Day Partial Day Future Day Non Work Day

2016 2017 **2018** 2019 2020

January

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Selected Date: August 17, 2018

Scheduled Hours
August 17, 2018 09:00 AM - 05:00 PM

Leave Id for the request(s)
24562421

Transaction Id for the request(s)
24562630

Leave Continuity
Intermittent

Type Of Day
Full Day

Reason for Leave
Employee's own illness

Start Date	End Date	Hours	Reason	Status	Absen Type
08/17/2018 09:00 AM	08/17/2018 05:00 PM	8.00 Hours	Federal Family and	Approved	Appoir

MY BENEFITS

Add time to an intermittent leave:

- Once an intermittent leave of absence claim has been established, you can use our online tool to update your leave.
- You can select days for leave, enter your work schedule, any breaks and your absence for the day.
- You can select multiple days and you can apply a work schedule, breaks and absence periods to each one individually or as a group.

The screenshot shows the 'My Claims' section of the The Hartford My Benefits portal. The 'Add Time To an Existing Leave' button is highlighted with a red circle. The page displays claim details for Scott Murphy, including the claim number 24562421, leave type 'Intermittent', and status 'Open'. A table at the bottom shows the balance for Federal Family and Medical Leave Act (FMLA) leave.

Claim Details

Leave Of Absence - Claim Details

Claim Number: 24562421 Last Requested Date: October 17, 2018

Leave Type: Intermittent Start Date: August 01, 2018

Status: Open Date Reported: August 03, 2018 01:16:00 AM

Last Updated: August 03, 2018 01:20:00 AM Leave Reason: Employee's own illness

Relationship: Employee Projected Return to Work:

Actual Return To Work:

Balances

Benefit Type	Benefit Period From	Benefit Period Through	Total Benefit Amount	Time Used	Future Time Approved	Remaining Time Available
Federal Family and Medical Leave Act (FMLA)	11/6/2018	11/7/2017	12 weeks	0.4 weeks	0 weeks	11.6 weeks

MY BENEFITS

Add time to an intermittent leave:

Step One:

- Select the option “Add Time to an Existing Leave” and select the claim.
- Select the date(s) from the calendar.
- From “Preview – Absence Requested” select the day(s) to edit. Any edits applied to a group of selected dates will be applied to all of those dates.

Step Two:

- You can edit the work schedule if needed.
- You can add any unpaid breaks if needed.
- You can select the start and end time of your absence.
- You can enter notes and then click “Update Days” and verify the absence is accurate.
- Click “Submit Claim” and you’ll be provided with a confirmation.

Welcome, Scott Murphy of The Hartford Demo Company
You last logged in on 10/17/2018 at 11:18 AM

My Dashboard My Claims My Benefits My Documents

My Claims > Add time to existing leave > Claim 24562421

Report New Claim Return to Work

Benefit Type	Reason	Relationship	Start Date	End Date	Current Request Duration
<input type="radio"/> Federal Family and Medical Leave Act (FMLA)	Employee's own illness	Employee	August 01, 2018	October 17, 2018	1.28 Weeks

3 Simple Steps to Add Days to Your Absence

Step 1: Select the available day(s) in the calendar and review the selected absence days in the preview pane.

Oct 2018 **Nov 2018** Dec 2018

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Full Day Partial Day Cancelled Full Day
 Cancelled Partial Day Non Work Day

Enter Work Schedule [Edit](#)

Start Time: 09:00 AM End Time: 5:00 PM

Enter Unpaid breaks [Edit](#)

Start Time: End Time:

Time Off Frequency: per Day

Start Time: 09:00 AM End Time: 04:00 PM

Appointment(s)

Notes

[+Update Day\(s\)](#)

Step 2: If there are any changes needed, check each date in the preview pane. The work schedule, unpaid breaks, and absence period then can be modified.

Preview - Absence Requested

Review the dates added for the absence requested

Date	Hours	Start-End Time	Work Schedule
<input type="checkbox"/> 11/19/2018	8 Hours 0 Mins	09:00 AM - 5:00 PM	09:00 AM - 5:00 PM

Step 3: If you have finished reviewing the dates, please click on 'Submit Claim' button to submit the absences.

[Submit Claim](#)

Together We Prevail™

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Business Insurance
Employee Benefits
Auto
Home