



How to request a leave and/or short-term disability claim

UnitedHealthcare is committed to supporting you during your absence and helping you return to work as quickly and safely as possible. This guide will assist you in making a request for scheduled or unscheduled absences. This process applies to leave and related state- or company-specific policies. Please review the following information carefully.

Follow these simple steps

- 1 Notify your supervisor or manager of your absence from work.
- 2 Using the Information Checklist, gather information about your absence. Have this information ready before you sign in to myuhcfp.com or call us. If someone makes the call for you, they will need to provide this information on your behalf.
- 3 You have 2 ways to file a claim:
 - **Member claim portal** – Sign in to myuhcfp.com and click the “start a claim” icon to begin the process.
 - **Phone** – Call toll-free at **1-866-556-8298** and speak with a claim intake representative. Hours of operation are Monday–Friday, 8 a.m.–8 p.m. ET.
- 4 If you need to fax any forms to UnitedHealthcare, that number is 1-866-334-0985.

What happens next

Every absence is unique and next steps can differ depending upon the type of leave request. When you use myuhcfp.com or contact us at **1-866-556-8298** and we learn more about your specific request, we will guide you through the process, answer any questions and tell you what to expect next. You have our commitment to be responsive and supportive during your time away from work.

Information Checklist

Please have the following information ready when you call:

- Employer’s name and location
- Your full name and Social Security number
- Your complete address and phone number
- Date of birth
- Marital status and number of dependents
- Occupation or job title
- Supervisor’s name and phone number
- Last day you worked and first day you were absent from work
- Date you expect to return to work (if you know), or the actual date (if you have already returned to work at the time you call)
- If the absence or claim is due to your own health condition, please have the following information available:
 - Description of medical condition, including any relevant dates of injury or if it is work related
 - Physician’s name, address and phone number
 - Dates of your first visit, your most recent visit and your next scheduled visit with your physician for this condition



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