



Fax your forms to:
(630) 786-1674



Remember:

- Benefits are for members only
- Weekly payment and covered time are based on contract
 - 1st payment mailed within 14 days after UHH gets claim
 - Member still has to pay federal and state taxes
- Don't apply if you've been injured at work



Special cases

- **Pregnancy** — usually starts 1st day of delivery; minimum of 13-week payments; up to 26 weeks based on health
- **Intermittent illness** — a chronic illness that happens randomly may be considered as multiple disability periods; 7-day waiting period applies to each new disability period. It's a recurring disability if it comes back within 2 weeks



Tear off and give to your doctor

Providers: fax clinical file for patient's entire disability period, including:

- Detailed office visit notes describing deficits preventing patient from working
- Progress notes with objective measurements
- Treatment plan (including physical/occupational therapy notes), follow-up visits, and planned procedures
- Estimated return-to-work date (with restrictions/time limits)
- Hospital discharges (if applicable)

Fax to (630) 786-1674

Attention: Disability Claims; **Subject:** patient name, medical ID #

Write on the first page:

Attention — Disability Claims

Subject — Your name, medical ID #



Short-Term Disability Guide

Speed up the process

UNITE HERE HEALTH (UHH)



Tips

- File your claim immediately
- Get your form at www.uhh.org
- Fill out form completely
- Make sure** your doctor submits **all** progress notes/records to UHH **until** you get a release back to work



Coverage begins

- **Day 1** — accident/injury/child birth
- **Day 8** — sickness/pregnancy complications

For help, call:

(844) 267-4325





Envíe sus formularios por fax al:
(630) 786-1674



Recuerde:



Casos especiales



Arránquelo y entrégueselo a su médico

Escriba en la primera página:

Attention — Disability Claims

Subject — Su nombre, # de ID médica

- Los beneficios son únicamente para miembros
- El pago semanal y el tiempo cubierto se basan en el contrato
 - El 1^{er} pago es enviado por correo en un plazo de 14 días después de que UHH reciba el reclamo
 - El miembro todavía tiene que pagar impuestos federales y estatales
- No aplique si se ha lesionado en el trabajo
- **Embarazo** — usualmente comienza el 1er día que da a luz; mínimo de 13 pagos semanales; hasta 26 semanas basado en la salud
- **Enfermedad recurrente** — una enfermedad crónica que sucede al azar puede considerarse como períodos de discapacidad múltiples; el período de espera de 7 días se aplica a cada nuevo período de discapacidad. Es una discapacidad recurrente si regresa dentro de las 2 semanas.

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Guía de Discapacidad a Corto Plazo

Acelere el proceso

UNITE HERE HEALTH (UHH)



Consejos o Sugerencias

- Presente su reclamo inmediatamente
- Obtenga su formulario en www.uhh.org
- Complete el formulario en su totalidad
- Asegúrese** de que su médico envíe **todas** las notas/registros del progreso a UHH **hasta** que reciba una autorización para regresar al trabajo



La cobertura comienza

- **Día 1** — accidente/lesión/parto
- **Día 8** — enfermedad/complicaciones del embarazo

**Si necesita ayuda,
llame al:**

(844) 267-4325





將您的表格傳真至:
(630) 786-1674



記住:

在第一頁寫上:

Attention — Disability Claims

Subject — 您的姓名, 醫療編號

- 福利僅針對會員
- 每週支付和承保時間取決於合同
 - UHH 收到申請后 14 天內郵寄第 1 次支付
 - 會員仍需要支付聯邦和州稅款
- 如果您是工傷, 請不要申請



特殊情況

- **懷孕** — 通常交付第 1 天開始, 至少支付 13 周, 根據健康情況最多 26 周
- **間歇性疾病** — 隨機發生的慢性病可以視為多個殘疾期; 7 天等待期適用於每個新的殘疾期。如果在 2 周內復發, 則是反復性殘疾



撕下并交給您的醫生

Providers: fax clinical file for patient's entire disability period, including:

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短期殘疾指南 加速流程

UNITE HERE HEALTH (UHH)

提示

- 立刻提交您的申請
- 在 www.uhh.org 獲得表格
- 完整填寫表格
- 確保 您的醫生將**所有**進度注釋/記錄提交至 UHH 直到 您重新回到工作崗位

承保開始

- **第 1 天** — 事故/受傷/生育
- **第 8 天** — 生病/懷孕綜合症

如需幫助, 請致電:

(844) 267-4325

