



## Reporting Your Short-Term Disability Claim

The Johns Hopkins University Short-Term Disability Policy is administered by Lincoln Life Assurance Company of Boston.

Lincoln Financial Group offers employees direct access to claims resources and information. You can easily report a claim and check the status of your claim through Lincoln Financial Group's dedicated secure website or by telephone. Please visit: [www.MyLincolnPortal.com](http://www.MyLincolnPortal.com) to access employee resources and online tools, as referenced below.

### When Do I Report a Short-Term Disability Claim?

You may report a claim up to 30 days in advance of a planned disability absence (such as childbirth or prescheduled surgery). You may also report a claim as soon as you are hospitalized OR disabled due to illness or injury for 14 or more calendar days.

### How Do I Report a Short-Term Disability Claim?

1. Contact your supervisor to report your absence.
2. Print this document, sign and date the Authorization to Release Information section below, and return to Lincoln Financial.  
*Note: Lincoln Financial Group requires your physician to provide information about your medical condition. If this information cannot be obtained, benefits may be delayed.*
3. Report your claim via [www.MyLincolnPortal.com](http://www.MyLincolnPortal.com). First time users must register using Company Code **JHUEE**.

Please have the following information available when you report your claim:

- Your physician or medical care provider's name, address, fax and telephone numbers
- Your manager's name, telephone number and e-mail address
- Reason you are out of work (diagnosis/symptoms)
- Your last day worked, first day absent from work, and anticipated return to work date

Or you can call 1-888-246-4483 and speak with an Intake Specialist to report your claim.

4. Keep a record of your claim number. Reporting your claim online provides the added convenience of printing a claim report which includes your claim number and a summary of your claim details.
5. You may securely check the status of your claim online at [www.MyLincolnPortal.com](http://www.MyLincolnPortal.com) or by calling your Case Manager at 1-888-246-4483.

### Authorization to Release Information

I authorize any health care provider having information about my physical or mental condition and treatment to give all information to the Company in the Lincoln Financial Group of companies and/or Plan Sponsor to which I am submitting a claim. I understand the information obtained by this Authorization will be used to determine eligibility for benefits. Information obtained under this Authorization or directly from me may be released to persons/organizations providing medical treatment or claim management/advisory services in connection with my claim, including Employee Assistance Programs (EAP), or other similar disease management/assistance programs providing services to the Plan Sponsor and/or the Company. This Authorization is valid for two years from the date appearing below with my signature. I have the right to revoke this Authorization by notifying the Company. I know that I may request a copy of the Authorization and I agree that a photographic copy shall be as valid as the original.

Employee Signature:

Date:

Print Employee Name:

Date of Birth:

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