

Disability and FMLA Training

Kimball Electronics Employees

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Agenda

- The Basics
 - What is FMLA?
 - What is Short-Term Disability (STD)?
- STD/FMLA Administration and Your Role
- How to Submit an STD/FMLA Claim
 - Telephone
 - Online
- Online Tools
 - Check claim status



What Is FMLA?

The **Family and Medical Leave Act** (FMLA) offers eligible employees job-protected unpaid time off for certain family events and serious medical conditions.



Intermittent vs. Continuous

Intermittent Leave is one leave taken in separate blocks of time due to a single qualifying reason.

Continuous Leave is an ongoing period of time of three (3) or more days for a single qualifying reason

- Your continuous FML leave can run concurrent with STD and is for a period of time lasting at least seven (7) days for a single qualifying reason

Please note: FMLA leave by itself is unpaid. To receive the STD paid benefit, employees can file an STD claim for absences due to their own illness or injury that extends beyond seven (7) continuous calendar days. Lincoln Financial Group leave services will automatically start an FMLA claim to run concurrently with your STD leave.



FMLA Job & Health Benefits Protection

- Restoration of same or equivalent job following leave
- Health benefits maintained during leave (employee continued responsibility for premium payments)
- No adverse employment action as a result of leave



FMLA Eligibility & Entitlement*

- Eligibility:
 - 12 months of employment
 - 1,250 hours active employment in past 12 months
- Entitlement:
 - 12 weeks in a rolling backward 12-month period
 - Rolling Backward means the employee regains each individual absences one year from the date they used an FMLA day

*These requirements are specific to the federal guidelines and do not include any state leave laws that might provide additional leave or eligibility provisions. State leaves are administered automatically based on specific requirements.



Absences Covered by FMLA

- Employee's own condition
 - Serious health condition
 - Pregnancy/childbirth recovery
- Need to care for family member
 - Spouse, parent, son, or daughter with serious health condition
 - Newborn bonding, adoption, and foster placement
- Providing support to family member in armed services
 - Care for a family member with injury or illness suffered while on active military duty
 - Seeing to arrangements required as a result of a family member being called to active service



Kimball Electronics FMLA Plan Provisions

- Rolling 12 month looking backward entitlement
 - the way in which employees entitlement is calculated
- Recertification of an approved leave
 - process in which an employee must follow in order to continue FMLA eligibility
- Intermittent leave reporting requirements
 - maintain contact with your business unit to report any absences following your locations absence reporting procedures as well as contact Lincoln Financial Group to ensure the time is tracked as FMLA
- FMLA runs concurrently with STD or workers' compensation



What Is Short-Term Disability?

Short-Term Disability (STD) benefits provide income for up to 26 weeks whether you are partially or totally disabled from work because of illness or injury.



Short-Term Disability

Kimball's STD plan highlights

Eligibility:

- All eligible employees working more than 30 hours per week become eligible for this benefit at the first of the month following one month of continuous, active employment
- Employees must meet a 7 day Elimination Period before Short Term Disability benefits are payable.
- Employee's may elect to participate in the buy-up STD Plan

Note: Income received from other sources, e.g., SSDI or workers' compensation will be deducted from short-term disability payments.



Employees Are Responsible for:

- Understanding your benefits and policies
- Reporting your claim/leave to Lincoln Financial Group
- For planned surgeries and pregnancies, early submission is accepted up to 30 days in advance of the disability event.
- Returning requested documents to process a claim/leave within 15 days from first date of absence for leave or within 45 days for disability claim
- Providing current contact information and maintaining open communication with your manager regarding leave status including notification of your return to work date. Note: No personal and/ or specific information regarding your leave reason should be provided to your manager.
- Providing your manager or Human Resources with a return to work release prior to or upon returning to work, if the leave was for your own medical condition



How to Submit FMLA or a Disability Claim

- Telephone claim intake:
 - 1-888-408-7300
 - You will be asked to select a prompt based on if you are filing a leave event and/ or a disability event
- Online claim intake:
 - Access through www.mylincolnportal.com
 - To create a user ID and password you will need the Company Code:
KEI
 - Available 24/7, 365 days/year



How to Submit FMLA or a Disability Claim

- If a claim is submitted for short-term disability, an FMLA leave will automatically be created. There is no need to file FMLA separately
- When reporting a claim or leave, be prepared with the following information:
 - Company name
 - Last day worked and first date of absence/leave
 - Is absence due to the employee's own serious medical condition
 - Continuous or intermittent
 - If leave only—leave reason and type
 - Estimated return to work
 - Dates of treatment, surgery, hospitalization, etc.
 - Name and phone number of treating healthcare providers



Reporting Intermittent Leave

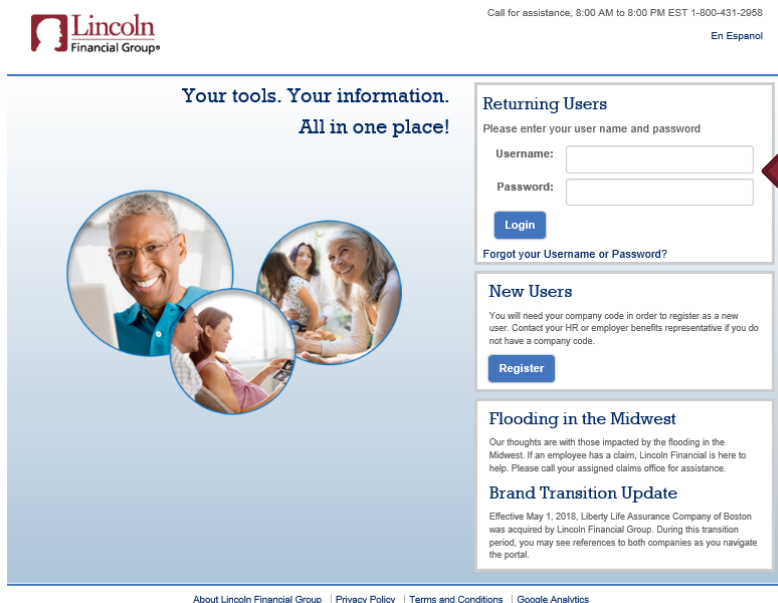
- Intermittent Time Reporting Options:
 - IVR (Interactive Voice Response)
 - MyLincolnPortal
- Time may be reported in 15 minute increments
- Intermittent time taken must be reported within 5 calendar days and no greater than 30 calendar days in advance
- The time will be added to your intermittent leave



Online Claim Submission

First time users will need to register at:
MyLincolnPortal.com

- Click “Register” within the New User box
- To register, enter the Company Code: **KEI** and click “Validate”
- You will then need to enter answers to the required questions and create a username and password.
- Going forward, you will use the username and password to login



Lincoln Financial Group

Call for assistance, 8:00 AM to 8:00 PM EST 1-800-431-2958
En Español

Your tools. Your information.
All in one place!

Returning Users
Please enter your user name and password

Username:

Password:

Login

Forgot your Username or Password?

New Users
You will need your company code in order to register as a new user. Contact your HR or employer benefits representative if you do not have a company code.

Register

Flooding in the Midwest
Our thoughts are with those impacted by the flooding in the Midwest. If an employee has a claim, Lincoln Financial is here to help. Please call your assigned claims office for assistance.

Brand Transition Update
Effective May 1, 2018, Liberty Life Assurance Company of Boston was acquired by Lincoln Financial Group. During this transition period, you may see references to both companies as you navigate the portal.

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Online Claim Submission



Employee View

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I want to...



Report a New Claim

View Status (including Evidence of Insurability)

Complete Evidence of Insurability

Report a Birth



Learn More

Questions and Answers

- > [How do I start a disability claim?](#)
- > [What are my responsibilities in the claims process?](#)
- > [What is an Evidence of Insurability application?](#)

Get Help

- > [Evidence of Insurability User Guide](#)
- > [Report a Birth User Guide](#)
- > [Report and View Claim or Leave User Guides](#)
- > [Technical Help](#)

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Online Submission: Step 1

Report a Claim

[Get Help](#)

Find My Information

Enter your Identification Number below, then select the "Find My Information" button and we'll populate the page with the information we have on file.

- ☒ Employee ID
- ☐ Social Security Number

Find My Information

Personal Information

First Name ✓

Middle Initial (optional)

Last Name

Date of Birth

Gender ☐ Female ☐ Male

Residential Information

Country ✓

Residential Address 1

Residential Address 2 (optional)

Residential City

Residential State

Postal Code

Preferred Contact Information

Personal Phone ⚠ Enter a valid Phone

Personal Email ⚠ Enter a valid email

Preferred method for non



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Online Submission: Step 2

Report a Claim or Leave of Absence



[Get Help](#)

Tell us about your absence

Will you be out for at least 3 consecutive days?

☒ Yes ☐ No


What best describes the circumstances for your absence?

- ☐ Maternity
- ☐ Bond with child
- ☐ Care for family member (including military)
- ☒ My own illness, injury, or medical treatment
- ☐ Other leave type, not listed above

Please select the condition that best describes your circumstances?

- ☐ Illness or related medical treatment
- ☐ Injury or related medical treatment
- ☐ New York Paid Family Leave

When did this illness begin?

MM/DD/YYYY 

What was the last day worked or expected last day worked?

MM/DD/YYYY 

Was this the result of an accident?

☐ Yes ☐ No

Were you in a motor vehicle accident?

☐ Yes ☐ No

Did this occur while on the job?

☐ Yes ☐ No

Did you, or will you be, going to the hospital?

☐ Yes ☐ No



Online Submission: Step 3

Report a Claim or Leave of Absence



[Get Help](#)

Where did you get assistance?

Please provide us with the contact information for your physician to help expedite the processing of your absence request.

Physician's First Name (optional)

Physician's Last Name (optional)

Physician's Phone Number (optional)

[< Go Back](#)

[Delete Application](#)

[Save for Later](#)

[Continue](#)



Online Submission: Step 4

Report a Claim or Leave of Absence



[Get Help](#)

Review

Please review the information below for accuracy before submitting your absence. To make any changes, select "Edit" to return to the appropriate section.

▼ About You

Social Security Number: *****0000

First Name: Michelle

Middle Initial:

Last Name: Roberts

Gender: Female

Date of Birth: 01/01/1980

Personal Phone: (000) 000-0000

Personal Email: Michelle.Roberts@Email.com

Preferred method for non-confidential correspondence: Email

Residential Address 1: 100 Liberty Way

Residential Address 2:

Residential City: Dover

Residential State: New Hampshire

Country: United States

Postal Code: 03820

Country of Employment: United States

State of Employment: New Hampshire

Edit

► About Your Absence

Edit

► Medical Contacts

Edit

[◀ Go Back](#)

[Delete Application](#)

[Save for Later](#)

[Submit](#)



Online Confirmation

Confirmation

Claim number: 8456711

Submitted on: 4/18/2019 at 1:55:49 PM

Thank You! You have successfully submitted a claim, and a coordinated leave has been requested. If you have not already done so, please contact your supervisor to inform them you will be out of work.

Your Next Steps

1. You may review and print a copy of your submission.

[View & Print Submission](#)

2. Please read and sign the Medical Authorization Form , and give the signed form to your treating physician if you haven't already done so. This signed form allows your physician to confirm your medical condition, which is an important step in the process.

[Medical Authorization Form](#)

3. Update your communication preferences to get automated messages regarding your claim or leave. All communication will be sent in English.

[Communication Preferences](#)

Our Next Steps

If your absence began today or earlier, we will contact you within 3 business days. Otherwise, we will contact you within 2 business days following the date of your first absence.

Questions

- If you have questions about the claims or leave process or next steps, please review [Questions and Answers](#).
- You can access up-to-date information about your claim or leave via:
 - **Online:** Access the "View Status" button in your employee experience. Please allow 24-48 hours before checking on your status.
 - **Mobile:** Visit www.MyLincolnPortal.com on your mobile device and access the "View Status" button. Please allow 24-48 hours from the time reported before checking on your status.
 - **Phone:** Call the Lincoln Financial Group Claim Services Office directly at 1 800-212-0988 or Leave Services Office directly at 1 888-685-1372. Remember we will contact you after your disability begins so you'll have an opportunity to ask questions and receive information at that time.



Check Claim Status Online



Employee View

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Check Claim Status Online

Michelle Roberts

All	Claim	Leave	Evidence of Insurability (EOI)			
Product	Event #	Received Date	Coverage	Status	Status Definition	Determination Date
EOI	See Details	09/25/2018	Optional Life - Employee	Received	Application has been received and is in progress	
Claim	1775420	09/28/2017	STD	Approved		10/06/2017
Claim	1779548	09/29/2017	PLNY	Approved		
Leave	1526403	10/10/2017	LEAVE	Pending	We are currently evaluating your request. If we need more information, we will contact you or your employer in the near future.	
Leave	1775426	09/28/2017	LEAVE	Approved	Your request has been approved.	10/06/2017
EOI	See Details	09/10/2016	Short Term Disability	Approved	Application was received and is approved	09/10/2016
Claim	1679479	04/01/2016	STD	Closed	You have received the maximum benefit payable under your short-term disability plan for your type of disability.	
Claim	1629501	07/02/2015	STAT	Closed		
EOI	See Details	09/15/2014	Optional Life - Spousal	Approved	Application was received and is approved	09/15/2014

Glossary



Check Claim Status Online

Michelle Roberts

Claim Details #1775420

Coverage STD
Status Approved
Status Reason
Closed Date
Associated Leave [1775426](#)

Case Manager

Elizabeth Greene
Lincoln Financial Group
14045 Ballantyne Corporate Place, Suite 200
Charlotte, NC 28277
Phone: [\(800\) 555-1212](tel:8005551212)
Fax: (888) 555-1212

Glossary

Michelle Roberts

Leave Details #1775426

Coverage LEAVE
Status Approved
Status Reason
Closed Date
Associated Claim [1775420](#)
[Leave Time Applied Report](#) (as of 4/17/2019)

Leave Specialist Information

Elizabeth Greene
Lincoln Financial Group
P.O. Box 8700
Dover, NH 03821-8700
LEADSAdmin@lfg.com
Phone: [800-555-1212](tel:8005551212)
Fax: 888-555-1212

Glossary

Disability Dates	Payment Information	Correspondence
Claim Received	9/28/2017	
Date of Disability	9/27/2017	
Benefits Begin	9/27/2017	
Return to Work (Estimated)	11/30/2017	
Return to Work (Actual)		
Approved Through	11/29/2017	

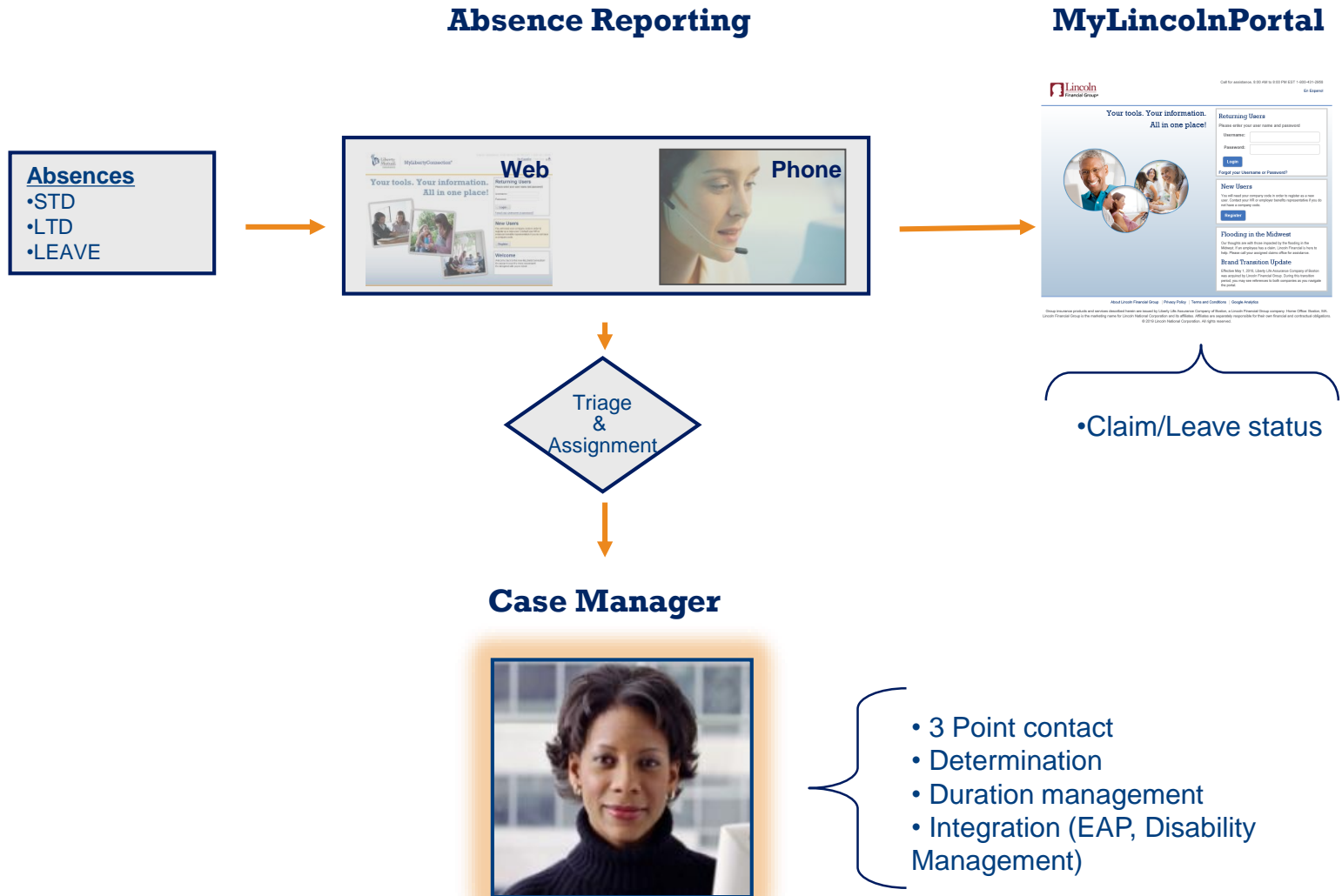
Leave Dates	Leave Balance	Correspondence
Leave Received	09/28/2017	
Leave Begin	09/27/2017	
Leave End	11/29/2017	
Approved Leave Frequency	20.0 hours per week (as of 4/17/2019)	

Leave Dates Taken (as of 4/17/2019)

Date	Hours	Program
10/06/2017	3:00	State
10/06/2017	3:00	Federal
10/05/2017	2:00	State
10/05/2017	2:00	Federal
10/04/2017	6:00	State
10/04/2017	6:00	Federal
10/02/2017	3:00	State
10/02/2017	3:00	Federal
09/29/2017	3:00	State
09/29/2017	3:00	Federal



Process Review



Process Review

The life of an FMLA-only leave :

- Day 1: Your Leave Specialist will determine eligibility and entitlement
- Day 2: An acknowledgement package with a Medical Certification Form will be sent to you per your preferred method
- Day 15: Medical Certification must be received or your leave will be denied
- Determination of FMLA status can occur at any time based on information received



Process Review

The life of an FMLA leave coordinated with short-term disability:

- Day 1: Your Leave Specialist will determine eligibility and entitlement
- Day 2: An acknowledgement package will be sent via your preferred method but there will not be a Medical Certification Form included
- FMLA approval will be coordinated with your disability claim determination
- If no disability approval or if your disability claim is denied by day 7, leave is separated and follows FMLA-only process



Other Information

- STD payment will be issued based on Lincoln Financial Group approving your disability claim
- Payments will be coming from Lincoln Financial while you are on an approved Disability claim
- A Lincoln Financial Group “approve through” date is not the same as a medical release to return to work. If you are on leave due to your own medical condition, you need to provide your manager or Human Resources with a return to work release prior to or upon returning to work



Life Insurance at a Glance

- Lincoln Financial Group is the carrier for your Group Term Life Insurance
- Kimball Electronics will initiate the Life Claims process on you or your beneficiaries behalf by completing a one page form and submitting to Lincoln Financial Group
- You or your beneficiary will have a dedicated Life Claims Examiner who will walk you through the process and advise what is needed in order to process the Life Claim
- Life Claims Examiners are trained in bereavement counseling
- Additional information regarding your Life Insurance benefits and elections available to you for yourself and/ or family members will be available via benefit summaries



For More Information

- For more information regarding Kimball Electronics leave of absence and disability policies:
 - Reference your benefits enrollment site
 - Speak with your HR Contact at your location
- For more information about an FMLA leave or disability claim:
 - Visit: www.mylincolnportal.com

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