



**SHORT TERM DISABILITY (STD)
FAMILY MEDICAL LEAVE ACT (FMLA) LEAVE
INSTRUCTIONS**

Registering with Liberty Mutual


You can call **1-800-243-8135** Just follow the prompts for Life/Disability or FMLA to speak with an Intake Specialist to report your claim/leave.

First time users may also **REGISTER** with Liberty Mutual via **www.mylibertyconnection.com**

VALIDATE using Company Code: **UTCUNION**



MyLibertyConnection®

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

En Espanol

Create a MyLiberty Account

The one-time MyLiberty registration process is easy. Once registered, you will be able to use all available features of the secure Liberty Mutual Insurance Web portal and mobile site, based on your employer's configuration.

Please provide your Company Code and click Validate to continue.

Company Code



Validate

Navigating the website

- Once registered, log in and click on **Report a New Claim or Leave of Absence** to file for a new STD claim or for FMLA intermittent leave.



Liberty Mutual INSURANCE MyLibertyConnection® for Employees

En Español
Welcome, Renee | Profile | Logout
United Technologies Corporation

Home Forms Learn More

I want to...

- Report a New Claim or Leave of Absence
- View an Existing Claim or Leave
- Report Intermittent Absence
- Report a Birth

Learn More

Questions and Answers

- > How do I start a disability claim?
- > What are my responsibilities in the claims process?
- > How do I know if I qualify for FMLA?
- > What is FMLA?
- > What is the difference between disability and FMLA?

Get Help

- > Report and View Claim or Leave User Guides
- > Technical Help

Reporting a claim or leave of absence

- Click on the start button and fill out the appropriate information about yourself. Only the red asterisk * fields need to be filled out. All other fields are optional.
- On the page where it asks “Will you be out for 3 consecutive days?”
- **Yes is for short term disability claims**
- **No is for intermittent family leave**








1. About You ✓ 2. About Your Absence 3. About Your Contacts

All fields marked with an asterisk are required.

* Will you be out for at least 3 consecutive days? Yes No

Details of your leave

- Use the drop down arrows to fill out the fields. Questions build with each answer
- Insert your first day you plan on using leave
 - Your first day of leave **CANNOT** be more that 30 days before or after the date you register or you will get an **Invalid Date.**

* What best describes the circumstances for your absence? 	Care for family member, including military 
* What is the reason for your absence?	Parent 
* What is the person's relationship to you?	Biological Parent 
What is the date of birth of the person you are caring for or bonding with?	MM DD YYYY 
* What is the first day of your leave of absence?	1 11 2014  <i>Invalid Date</i>
What is the last day, or estimated last day, of your leave of absence?	MM DD YYYY 

Submitting your claim

- Employer contact not required (not an * field)
 - If you choose to fill this information out, use your HR representatives contact information.
- Click on SUBMIT and you will receive a claim ID #

Print for your records

Report a New Claim or Leave of Absence

1. About You ✓

2. About Your Absence ✓

3. About Your Contacts

All fields marked with an asterisk are required.

Employer Contact Information

Employer Contact First Name

Employer Contact Last Name

Employer Contact Phone

Additional Information

Is there additional information you would like to provide?

Use the Back button below to review the information in this online form.

BACK

CANCEL

Step 3 of 3

SUBMIT

What's next?

- If you filed online, you will immediately receive a confirmation email (to the email you chose during registration) from Liberty Mutual stating that you had filed a claim.
- Within 3-5 business days you will receive, via email, an acknowledgement letter for your indicated leave and a Certification of Health Care Provider Form.
 - **Please allow 7- 10 business days for delivery Via U.S.P.S.**

Review your action items:

- **Ensure** this form is signed by the patient and/or the employee (if different than the patient)
- **Must** also be filled out and signed by the treating physician and Fax (or see additional means in the letter) to Liberty Mutual at (866-265-9028) no more than 45 days from the date of your claim.

What's next?

- Within 5 business days your claim should be completed and you will receive a letter from Liberty Mutual stating such. **You will be able to review the status of your claim online.**
- **For Intermittent leave,** call in rules apply. You must notify your supervisor if you are going to be absent, late, or if you are leaving early due to your authorized FMLA.
 - **You do NOT have to amend your shift. Overtime is paid for work performed outside of regularly scheduled shift hours.**
- **For Short Term disability,** you will receive payment, in form of a check, from Liberty Mutual, based on your wages called out in the CBA.
 - **Federal tax will be withdrawn but not State tax.**

Don't Forget

- If you are out of work continuously for a majority of a month you may be eligible for a Dues Refund. Fill out & sign the **Union Dues Waiver** form and **Fax to 860-292-8506** or drop off at the Union Hall.
- These forms are available for pick up at the union hall or on our website at **WWW.LL743.org** just click on the **Forms** tab.
- **If you have ANY automatic loan payments that come out of your paycheck, you must make arrangements to continue your monthly payments with your lender since you will not be receiving a check from UTC.**

Coming back to work after STD

- Contact your supervisor to notify him/her with your return to work date
 - **If you have any restrictions make sure the company can accommodate them before you return.**
- You must report to Medical with your return to work note (RTW) from your doctor with any restrictions, if applicable.
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- **Contact** LL743 Secretary Treasurer Roger Nadeau at **860-292-8577 Ext. 10** to find out if you are eligible for a Dues Refund because you were out of work on medical. Be sure to notify him that you are returning to work. This will prevent the company from deducting a lump sum of union dues for the time period you were out.
- **Note:** There will be weekly automatic deductions of \$25/week on top of your regular weekly contributions. This is a “catch up” amount from your paycheck for your missed weekly contributions for your insurance premiums while you were out on STD.

Contact Information

- **Liberty Mutual Leave Services** - Information regarding your existing leave of absence - FMLA
 - **1-888-685-1372 Office Hours: Monday –Friday 8AM - 8PM**
- **Liberty Mutual Disability Claims** - Information regarding your existing disability claim - STD
 - **1-800-985-3810 Office Hours: Monday – Friday 8AM - 5PM**
- **As always we will be available to assist you with the application of your FMLA and/or Disability claims.**
- **You can contact your union representative, the union hall or LL743 Educator/FMLA Coordinator Renee MacLean**
 - **Phone: 860-654-6424 Monday – Friday 7AM – 3:30PM**
 - **Email: renee.maclean@utas.utc.com**
- **If you need further assistance, please contact your HR representative.**