

You can depend on The Hartford.



It's easy to file
your Short-Term
Disability claim

Your Short-Term Disability (STD) program is an important part of your group benefits package. If an illness or injury prevents you from working, ask your benefits representative to provide details about your STD benefits and when to file a claim.

Filing a Short-Term Disability (STD) Claim

To file an STD claim, simply call The Hartford's toll-free number:

1-800-289-9140

6:00 a.m. – 6:00 p.m. PT, Monday-Friday

Or, file online at **www.TheHartfordAtWork.com**.

If you're absent from work due to an illness or injury, your benefits representative can advise you when to file your claim. If your absence is scheduled, such as a hospital stay, you may call prior to your last day of work.



**Your STD claim administrator,
The Hartford¹, makes claim filing
easy for you:**

1. Call this toll-free number to report your claim information to The Hartford: **1-800-289-9140**, 6:00 a.m. – 6:00 p.m. PT, Monday-Friday.

Or, file a claim online at
www.TheHartfordAtWork.com, 24/7.

2. Sign the attached wallet card and present it to your physician. If The Hartford needs additional medical information to process your claim, your signature authorizes your physician to release that information.

When you follow these simple steps,
The Hartford can provide you with prompt
claim service and timely benefit payments.

*At The Hartford, we deliver
on our promises every day.*

¹The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life and Accident Insurance Company, Hartford Life Insurance Company, and Hartford Life Group Insurance Company. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

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When you file a claim, The Hartford will ask you to provide:

1. Name and Social Security Number
2. Department and last day of active full-time work
3. Manager's name and phone number
4. Nature of claim and whether it's work-related
5. Treating physician's name, address and phone number

Employee Name (please print)

By signing below, I authorize my health care provider(s) to release my medical files to The Hartford to assist with the review and processing of my claim for Short-Term Disability benefits.

Employee Signature

Date