

**SICK?**



**INJURED?**

## **ABSENT FROM WORK 3 OR MORE DAYS?**

**Failure to follow the required Medical Leave of Absence process could affect your employment and benefits**

### **Required Action:**

- ✓ You must contact UniCare at 1-877-HRLY-MLA (1-877-475-9652) within **5 days** of your last date of work to open a conditional Medical Leave of Absence (MLA)
- ✓ Your MLA is conditionally approved for 14 days from your last date of work, pending evaluation of medical evidence by UniCare
- ✓ It is your responsibility to make sure UniCare has the medical information needed to approve your disability claim (and MLA) within the required time limits
- ✓ You must be under the care of a licensed doctor of medicine (MD) or doctor of osteopathy (DO) for UniCare to assess your disability claim. Treatment from stand-alone nurse practitioners, where there is no doctor, will not be approved.

### **Contacts for Assistance:**

Call UniCare at **1-877-HRLY-MLA (1-877-475-9652)**, or your Union Benefit Representative (UBR).

**Important Note:** If you were recently hired and do not yet have disability coverage, have exhausted your disability coverage, your absence is due to a work-related injury or you are placed on "No Work Available", you must still contact UniCare to initiate your MLA.

If you are a temporary employee, you are not eligible for MLA or disability benefits. Contact your UBR or your local Labor Relations department.

# Disability Benefit Claim Form

## EMPLOYEE'S NOTICE OF CLAIM

### IMPORTANT NOTICE TO EMPLOYEE – PLEASE READ CAREFULLY

**You** must complete section 1 and 1a – Mail or fax "EMPLOYEE'S NOTICE OF CLAIM" form to UniCare.

Have your attending physician complete section 2 and 2a within 5 business days from your last day of work - Mail or fax all pages to UniCare.

### SECTION 1: TO BE COMPLETED BY THE EMPLOYEE – EMPLOYEE INFORMATION

<sup>1</sup> Employee last name	<sup>2</sup> Employee first name	<sup>3</sup> MI	<sup>4</sup> Birthdate (MM/DD/YYYY)
<sup>5</sup> Employee street address	<sup>6</sup> City	<sup>7</sup> State	<sup>8</sup> ZIP code
<sup>9</sup> Phone no.	<sup>10</sup> Alternate phone no.	<sup>11</sup> Global ID Number (If known)	<sup>12</sup> Work location (name, city)
<sup>13</sup> Date last worked prior to disability (MM/DD/YYYY)	<sup>14</sup> Date you returned to work (MM/DD/YYYY)	<sup>15</sup> If no return to work, date you expect to return (MM/DD/YYYY)	
<sup>16</sup> Disability is due to: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Maternity	<sup>17</sup> Description of illness or injury (What is the reason you are unable to work/what happen?)		
<sup>18</sup> Date of injury (If applicable) (MM/DD/YYYY)	<sup>19</sup> Location injury occurred (If applicable)		
<sup>20</sup> Are you claiming a work related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>21</sup> If Yes, date injury reported to plant (MM/DD/YYYY)		

### SECTION 1a: TO BE COMPLETED BY THE EMPLOYEE – JOB INFORMATION

<sup>22</sup> Job title:	<sup>23</sup> What is your dominant hand? <input type="checkbox"/> Right <input type="checkbox"/> Left
<sup>24</sup> Brief description of your daily job duties:	
<sup>25</sup> Circle all actions you perform during your normal work day:	
Sit    0-1 hours    2-3 hours    4-6 hours    6 or more hours	Push    0-1 hours    2-3 hours    4-6 hours    6 or more hours
Stand    0-1 hours    2-3 hours    4-6 hours    6 or more hours	Pull    0-1 hours    2-3 hours    4-6 hours    6 or more hours
Walk    0-1 hours    2-3 hours    4-6 hours    6 or more hours	Stoop    0-1 hours    2-3 hours    4-6 hours    6 or more hours
Climb    0-1 hours    2-3 hours    4-6 hours    6 or more hours	Kneel    0-1 hours    2-3 hours    4-6 hours    6 or more hours

I authorize the release to or by UniCare Life and Health Insurance Company any medical or insurance information required to process my claim. A fax copy is acceptable in lieu of the original. I also authorize UniCare and Ford Motor Company, and/or Ford's workers' compensation carrier, to release to each other all medical information necessary to administer my disability claim or workers' compensation claim. The party holding such information is hereby authorized to release it. This authorization shall be valid for the duration of my claim.

I understand and agree that if any benefits are paid to me that should not have been paid under the terms and conditions of the Ford disability program, or should have been paid in a lesser amount (including but not limited to payments that should have been in a lesser amount due to presumed or approved Social Security Disability Insurance Benefit, pension, or workers' compensation benefits), I will repay such overpayments within 30 days of the notice of overpayment. Any and all such payments may be recovered in the manner provided for in the Ford disability program applicable to me. Failure to comply with this agreement could result in a referral of the overpayment amount to a collection agency which could result in legal action.

<sup>26</sup> Employee signature  <b>X</b>	<sup>27</sup> Date (MM/DD/YYYY)
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Note: If your disability is for the treatment of illegal drug use or unauthorized use of prescription drugs, you must report to your assigned company medical department for a urine drug screen five (5) working days prior to the date you are released to return to work.

Any person who knowingly and with intent to defraud any insurance company, files a statement of claim containing any false, incomplete or misleading information may be subject to criminal penalties.

# Disability Benefit Claim Form



## PHYSICIAN'S STATEMENT

Dearborn Service Center

PO Box 4479

Dearborn, MI 48126

Phone: 800-572-1581

Fax: 855-318-3193 or 855-319-3319 or 855-318-3194

### SECTION 2: TO BE COMPLETED BY THE PHYSICIAN

#### NOTICE TO PHYSICIAN:

Completion of this form will assist your patient in presenting their claim for benefits under Ford's disability program. Please complete all areas of this form. If a question is not applicable, please enter N/A in the response area. Please print legibly. You may also call UniCare with this information.

1 Patient name (last, first)		2 Patient Birthdate (MM/DD/YYYY)	
3 Primary disabling diagnosis (ICD Code)		4 Secondary disabling diagnosis (ICD Code)	
5 Other contributing factors/diagnoses (ICD Code) - These conditions may not disable patient from work, but may impact their recovery time			
6 Last day of work (MM/DD/YYYY)		7 First treatment date on/after their last day of work (MM/DD/YYYY)	
8 Is this patient totally disabled from working <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Note: If the patient can work with job related restrictions - Please go to Section 2a (Box 31)</b>		9 Date of next scheduled appointment (MM/DD/YYYY)	
10 First day of disability (MM/DD/YYYY)		11 Disability end date (MM/DD/YYYY)  <i>Note: This is an estimated date. If the date is unknown, please use next scheduled appointment date. Payment may be delayed if an estimated date is not provided.</i>	
12 Disability is due to <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Maternity		13 Date accident/injury occurred (if applicable) (MM/DD/YYYY)	14 Is this a work related accident/injury <input type="checkbox"/> Yes <input type="checkbox"/> No
15 Provide the details of the accident/injury (if applicable)			
16 Provide any subjective medical findings identified during the course of examination that supports the patient's inability to work			
17 History of present illness			
18 Provide all objective findings relied upon to determine patient's inability to work. Include the results of any diagnostic tests performed and the date(s) of service. Objective medical findings are required to certify benefits.  <hr/> <hr/> <hr/> <p><i>Examples: Diagnostic Imaging Results (X-Rays, MRI, CT scans), physical exam results, abnormal vital signs or lab results, other pertinent test results. If any test results are pending, please indicate above and include the type of test and the date when you expect to receive the results.</i></p>			
19 Treatment plan			



# Disability Benefit Claim Form

## PHYSICIAN'S STATEMENT

Dearborn Service Center  
PO Box 4479  
Dearborn, MI 48126  
Phone: 800-572-1581

Fax: 855-318-3193 or 855-319-3319 or 855-318-3194

SECTION 2: TO BE COMPLETED BY THE PHYSICIAN (CONTINUED)		
<b>20</b> Is the patient compliant with the prescribed treatment plan <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
<b>21</b> Hospitalization Admission date (MM/DD/YYYY)	<b>22</b> Hospitalization Discharge date (MM/DD/YYYY)	<b>23</b> Name of Hospital (Name/City/State)
<b>24</b> Hospitalization in excess of 18 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>25</b> Out-patient surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>26</b> Date of surgery (MM/DD/YYYY)
<b>27</b> Surgery Type	<b>28</b> CPT Code(s)	
<b>29</b> Physician Referrals (Name/specialty type/phone number):		
<b>30</b> Current medications, dosages, and start date if newly prescribed:		
<b>SECTION 2a: COMPLETE THIS SECTION IF THE PATIENT CAN RETURN TO WORK WITH RESTRICTIONS</b>		
If a Ford employee is partially disabled following a period of total disability or if the employee's condition(s) resulted only in partial disability and work restrictions are required, Ford Motor Company will attempt to accommodate the restrictions provided by a physician. Restrictions provided must be supported by objective medical findings in order for continued benefits to be considered.		
<b>31</b> Is the patient able to return to work with job related restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If patient is unable to work with job related restrictions, please go to box 36.</i>		
<b>32</b> Restrictions start date (MM/DD/YYYY)	<b>33</b> Restrictions end date (MM/DD/YYYY)	
<b>34</b> Recommended restrictions  <i>Note: If it will be necessary for the employee to work less than a standard work week, indicate the duration and hours.</i>		
<b>35</b> Medical findings relied upon to determine restrictions		
<b>DISABILITY BENEFITS WILL NOT BE PAID WITHOUT ALL OF THE INFORMATION BELOW</b>		
<b>36</b> Physician's Full Name and Medical Degree	<b>37</b> Physician's 9-digit Federal Tax ID or National Provider ID (NPI) number	
<b>38</b> Physician's Full Address  Physician street address  Physician City, State, ZIP code	<b>39</b> Physician's Telephone Number  <b>40</b> Physician's Fax Number	
<b>41</b> Physician's Signature	<b>42</b> Date (MM/DD/YYYY)	

## INSTRUCTIONS FOR FORD MOTOR COMPANY EMPLOYEES

1. You must complete the UniCare Disability Benefit Claim form – Employee's Notice of Claim and immediately provide a copy to UniCare and a copy to your treating physician.
2. Your treating physician must complete the Physician's Statement form or provide the necessary information to UniCare telephonically.
3. Return completed forms to UniCare via mail or fax:

Mail to: UniCare  
PO Box 4479  
Dearborn, MI 48126

Fax to: 855-318-3193 or,  
855-318-3194 or,  
855-318-3195

4. In order to return to work, **you must report to the plant medical department** with your physician's written approval that you are able to return to work. Your physician may complete the enclosed *Return to Work Certification form*, or provide comparable medical information.

**The information completed by your physician must include your return to work date and any medical facts, diagnosis, or reason for absence.**



## Return to Work Certification

**TO THE EMPLOYEE:** You must present medical clearance from your physician in order to return to work. Your physician may complete this form, or provide comparable medical information.

If you fail to present proper or sufficient medical clearance at the time you report for work, you will not be permitted to return and you will not be eligible to receive disability benefits.

Eligibility for disability benefits is not based upon acceptance of this form by your medical department for purposes of return to work. Your disability claim must satisfy all benefit eligibility requirements, as determined by UniCare.

**SPECIAL NOTES:**

If your medical leave was the result of treatment for illegal drug use or unauthorized use of prescription drugs, you must report to your medical department for a urine drug screen the date you are released to return to work.

If your medical leave was due to a work-related injury or illness, and you have been receiving workers' compensation benefits, this form may not be sufficient. See your medical department about return to work requirements.

**TO THE PHYSICIAN:** Please complete this form and return to your patient.

Employee Name (Last, first, middle initial) \_\_\_\_\_

Last of 4 of Employee Social Security Number \_\_\_\_\_

1. Medical Facts, Diagnosis, or Reason for Absence: \_\_\_\_\_  
\_\_\_\_\_

2. Employee is able to return to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

☐ Able to return to work (**without restrictions**) as of \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Able to return to work (**with restrictions**) as of \_\_\_\_/\_\_\_\_/\_\_\_\_

What are the recommended medical restrictions?

\_\_\_\_\_  
\_\_\_\_\_

3. What is the expected duration of the restrictions? \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Full Name and Medical Degree \_\_\_\_\_

Physician's Telephone Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_



# BENEFITS

Compensation & Benefits Office

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## DISABILITY BENEFITS & MEDICAL LEAVE OF ABSENCE INITIATION AND DOCUMENTATION REQUIREMENTS

### Required Actions to Help Protect Your Seniority

- ✓ Initiate a Medical Leave of Absence (MLA) if you are sick or injured and absent from work 3 or more days
- ✓ Contact the disability benefit administrator, UniCare, 1-877-475-9652, within 5 days of your last date of work to initiate your MLA and claim for Accident & Sickness benefits

### Required Steps to Help Ensure MLA and Disability Claim Approval

- ✓ It is your responsibility to make sure UniCare has all the medical information necessary to evaluate your case, within the required time limits
- ✓ Recommendation for disability will be considered by UniCare only if it is at the direction of a physician. Standalone nurse practitioners who are not under the direction of a physician will not be considered/approved by UniCare.

### Required Actions to Return to Work

- ✓ Present written medical evidence to your plant medical department as soon as you are able to return to work, with or without restrictions
- ✓ You must report to plant medical PRIOR to returning from a MLA before you go to the plant floor

#### **Take Note**

- ✓ Failure to comply with these requirements may affect your employment; you will be AWOL if your time off is not approved by UniCare. Your MLA is conditionally approved for 14 days from your last date of work, pending evaluation of medical evidence by UniCare
- ✓ You will supply medical evidence for your MLA to your plant medical department if:
  - You are receiving Workers' Compensation benefits
  - You have seniority rights, but you have exhausted your disability benefit entitlement, or you do not yet have disability benefit coverage

### Contacts for Assistance

Contact UniCare at 1-877-HRLY-MLA (1-877-475-9652), or your Union Benefit Representative (UBR)

# MEDICAL LEAVE OF ABENCE (MLA) REPORTING PROCEDURES

STEP	ACTION REQUIRED	REQUIRED TIMING	WHAT TO EXPECT
1. <b>REPORT YOUR MLA</b>	To initiate your MLA, call: 1-877-HRLY MLA (1-877-475-9652)	<ol style="list-style-type: none"> <li>You must report a MLA if you are absent 3 or more days for medical reasons</li> <li>Your MLA must be reported no later than 5 days after your last day of work</li> </ol>	<ol style="list-style-type: none"> <li>You will need to provide details of your condition and your physician contact information to UniCare</li> <li>Your work location will be notified of your request for a conditional MLA</li> <li>You will be mailed a MLA package by UniCare</li> <li>You will be instructed to contact your work location and follow additional requirements if you indicate your disability is the result of a work-related injury</li> <li>Medical evidence provided to UniCare for your disability claim will be used to approve your MLA</li> </ol>
2. <b>MEDICAL EVIDENCE</b>	<p>You must be under a physician's care* and make sure your physician(s) supplies UniCare with all the medical details required to support your MLA.</p> <p>Your physician may call UniCare at 1-800-572-1581 to provide medical information to UniCare or complete "Disability Benefit Claim Form" included in your MLA package.</p> <p><small>* Recommendation for disability by a nurse practitioner or physician's assistant will not be accepted unless it is at the direction of a physician. If your absence is related to a mental health issue, a health care professional who is licensed and accredited to treat the condition may provide certification of disability for up to 90 days for new claims and a maximum of 30 days for reopened claims. After that time, you must treat with a psychiatrist.</small></p>	<ol style="list-style-type: none"> <li>For a new MLA, Medical information and your signed notice of claim are due to UniCare no later than <b>14 days</b> from your last date of work</li> <li>For a MLA extension (ongoing disability), updated medical is due to UniCare no later than the MLA expiration date provided to you by UniCare</li> </ol>	<ol style="list-style-type: none"> <li>UniCare will review the medical information supplied to ensure it satisfies the requirements of disability benefit plan. If your disability claim is authorized, your MLA will also be approved.</li> <li>If UniCare determines the medical evidence provided by your physician does not support disability or medical evidence is not supplied to UniCare within the required timeframe <ul style="list-style-type: none"> <li>Your claim will be denied</li> <li>Your work location will be notified your MLA is not approved. You may be subject to the 10-day quit process per Article VIII, Section 5(4).</li> </ul> </li> </ol>
3. <b>RETURN TO WORK</b>	Medical clearance from your physician must be presented to your medical department prior to your return to work. The medical clearance must include the date you are able to return to work, the medical reason for your absence, and any restrictions required.	You must return to work as soon as you are able	If Unicare determines you are able to return to work before the date provided by your physician, UniCare will provide the necessary clearance to your plant medical department

**Employees with seniority rights and no disability benefit coverage:** You must work with your plant medical department for your MLA. An 'Attending Physician Report' (Form 5166) must be completed by your physician and submitted to your Assigned medical department **within 14 days** of your last date of work. For MLA extensions, the Form 5166 is due **on the** MLA expiration date. If you do not provide the required medical justification to your work location within the time frame indicated, or if it is insufficient, you will be subject to the 10-day quit process per Article VIII, Section 5(4).





UNICARE  
Dearborn Service Center  
Disability Benefits Department  
P. O. Box 4479  
Dearborn, MI 48126

Tel: 800-572-1581  
Fax 855-318-3193

Cover Letter – Page 1 of 3

Subject: Disability Claim and Conditional Medical Leave of Absence Request

Dear Employee:

The following information is being supplied to assist you while you are absent from work due to medical reasons. Please read this information carefully and retain these instructions until you return to work.

### **LEAVE AND CLAIM INITIATION**

Based on receipt of your claim request, your work location was notified of your request for a conditional medical leave of absence on «Date\_Called». Your conditional medical leave of absence expires 14 days from your last date of work.

In order to ensure benefit payment and protection of your job status, you are required to comply with all documentation and timing requirements. Limited information obtained by UniCare for purposes of claim determination will be shared with your Company medical location.

### **REQUIRED MEDICAL DOCUMENTATION**

Your conditional medical leave of absence has been granted pending receipt of satisfactory medical evidence to support your disability claim. It is your responsibility to make sure UniCare receives all required medical documentation from your physician within the timeframe identified. UniCare will make a determination about the period of time your claim will be paid, based on the medical information received. This date may differ from the date provided by your physician. Your work location will be notified of the approval end date. If your medical leave of absence and disability claim are not approved in whole or in part, you will be coded AWOL (Absence without Leave) and you may be subject to loss of seniority through the 10-day quit process.

You will have the right to submit any outstanding medical information to UniCare after this 14-day period, and will also retain your right to appeal. However, if your employment status has been impacted by your failure to submit required medical information within the timing identified, you will be required to follow-up with your work location regarding that matter separately.

### **WORK-RELATED INJURY/ILLNESS**

If your disability is the result of an occupational injury or illness, you must contact your assigned medical department immediately. You will be evaluated by a Company physician and a determination regarding the compensability of your claim will be issued.

Medical leaves of absence deemed “compensable” by Workers’ Compensation will be managed by your assigned medical department and Workers’ Compensation. Additional documentation requirements will apply.

Your disability benefits (Accident and Sickness and Extended Disability Benefits) are reduced for any lost time Workers’ Compensation benefits payable during the same period you claim disability benefits. In order to receive disability benefits through UniCare along with any Worker’s Compensation benefits payable, you are required to supply medical certification separately to UniCare.

### **EXTENDING YOUR MEDICAL LEAVE OF ABSENCE OR DISABILITY CLAIM PERIOD**

Your physician may initially certify your disability for a specific period of time. If at the expiration of that period you are not sufficiently recovered to return to work, it is your responsibility to make sure your physician provides UniCare with updated medical information to support your ongoing disability. Your physician may provide medical information by calling 800-572-1581 or by submitting additional medical information in writing. Additional forms will be provided by UniCare for this purpose.

### **DISABILITY BENEFIT LEVELS AND DURATION**

The amount and duration of your weekly Accident and Sickness benefits are determined by your last day of work, most recent hire or rehire date, base hourly rate and your age at the onset of the disability and your employee classification.

### **WORKING ELSEWHERE WHILE ON ACCIDENT & SICKNESS**

You must not be engaged in any employment or occupation for remuneration or pay which is the same or similar to your job classification duties and inconsistent with your disability and/or restrictions(s). UniCare may request that you supply information to confirm that you continue to meet the eligibility requirements to receive benefits. Noncompliance with any such request could result in a suspension of your benefits.

### **IMPORTANT INFORMATION AFFECTING YOUR DISABILITY PAY**

Taxes will be withheld from all disability payments just as they are from your paychecks. Withholdings will be based on your current exemption status on record with the Company.

Your disability benefits will also be reduced by the amount of any applicable court order directing the Company to withhold from your wages or benefits. Court orders for dependent support, bankruptcy, tax levies, garnishment, etc. which are on file with payroll services or served directly upon UniCare will apply to your disability benefits. The amount withheld will be sent by UniCare to the court involved. An explanation of withholding will be included on your disability benefit Explanation of Benefits. If you are entitled to benefits under the New York Disability Benefits Law (DBL), your disability benefits provided by the Company will be reduced by the amount you received under DBL. A separate check for benefits under DBL will be issued to you.

Please be aware that any standard payroll deductions will cease once your disability benefits begin. The enclosed list of vendor contact numbers may be helpful to you in arranging for payments for deductions typically reduced from your paychecks.

## RETURNING TO WORK

You are expected to return from your medical leave of absence as soon as you are able.

- In order to return to work, **you must report to your plant medical department** with your physician's written approval that you are able to return to work. Your physician may complete the enclosed *Return to Work Certification form*, or provide comparable medical information.

**The information completed by your physician must include your return to work date and any medical facts, diagnosis, or reason for disability**

- If you have medical restrictions and are told by your supervisor that no work is available within your restrictions, contact your Labor Relations representative and Company medical department immediately.
- If you remain off work due to "no-work-available" related to restrictions recommended by your physician and confirmed by your plant medical department, you must immediately call UniCare at 800-572-1581 for additional benefit payment consideration.

## FAMILY & MEDICAL LEAVE ACT (FMLA)

In addition to your medical leave of absence, you also have the right to apply for time off under the Family and Medical Leave Act (FMLA). Additional information regarding FMLA is enclosed for your review. You are not obligated to pursue FMLA.

If you are eligible for FMLA (see Eligibility Requirements on enclosed Notice to Hourly Employees of Rights Under FMLA), and wish to pursue FMLA in addition to your medical leave of absence, you must notify the Labor Relations office at your work location, of your intent to do so, within 5 days of the date on this letter. Please be advised, you will need to obtain the required FMLA certification form from your work location at the time you notify the Labor Relations office of your intent to pursue FMLA. Your physician will need to complete the form within the timing specified by the plant.

If you have any questions regarding your disability claim, please contact UniCare at (800) 572-1581. Questions regarding your medical leave of absence must be directed to your medical department.

Sincerely,

Medical Leave Unit

Enclosures: UniCare Disability Benefit Claim Form - Employee's Notice of Claim  
Physician Disability Benefit Claim Form – Physician's Statement  
Notice to Employees of Rights & Responsibilities under FMLA  
General Information Regarding Your Disability Benefits  
Contact Information/Reference Guide  
Return to Work Certification Form

## ***Notice to Hourly Employees of Rights under FMLA***

### **Employee Rights and Responsibilities under the Family and Medical Leave Act**

#### **Basic Leave Entitlement**

Under the Family Medical Leave Act, employees may be entitled to 12 weeks of unpaid, job-protected leave for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse son or daughter, or parent, who has a serious health condition that makes the employee unable to perform the employee's job;
- For a serious health condition that makes the employee unable to perform the employee's job.

#### **Military Family Leave Entitlements**

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

#### **Benefits and Protections**

During FMLA leave, an employee's group health benefits will continue under the same conditions as if the employee continued to work. If an employee does not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle the employee to FMLA leave; or (2) other circumstances beyond the employee's control, you may be required to reimburse the Company for the Company's share of health insurance premiums paid on your behalf during the FMLA leave. If the employee normally pays a portion of the premiums, the employee will be required to continue these payments during the period of FMLA leave. If the employee is on paid leave during the FMLA leave, and premiums are normally deducted from the employee's paycheck, the deductions will continue during the leave. In other situations, it is up to the employee to pay the premiums. There is a 30 day grace period in which to make premium payments. If payment is not made timely, the employee's health insurance may be cancelled after proper notice is provided.

Upon return from FMLA leave, most employees will be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. However, after 12 weeks of FMLA leave within a calendar year or 26 weeks of military family leave within a 12 month time period, the job restoration guarantees provided by the Act no longer apply and an employee's right to job restoration and/or benefits, if any, is subject to the Company's existing policies and the terms of any applicable collective bargaining agreement.

#### **Eligibility Requirements**

Employees are eligible if they have worked for the Company for at least one year and have worked 1,250 hours over the previous 12 months. In some circumstances, employees working at a worksite where less than 50 employees are employed by the Company within 75 miles may not be eligible for FMLA leave.

#### **Definition of Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the eligible family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirements may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

#### **Use of Leave**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the Company's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

#### **Substitution of Paid Leave for Unpaid Leave**

Pursuant to the FMLA, Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. Unless there is a provision in an applicable collective bargaining agreement to the contrary, the Company requires employees to take accrued paid leave concurrent with FMLA leave.

#### **Employee Responsibilities**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the Company to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the Company if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also will be required to provide a certification and periodic recertification supporting the need for leave. See "Timing" below.

#### **Company Responsibilities**

The Company must inform employees requiring leave whether they are eligible under FMLA. If they are, the notice will specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the Company must provide a reason for the ineligibility.

The Company must inform employees if a leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the Company determines that the leave is not FMLA-protected, the employer must notify the employee.

#### **Unlawful Acts by Employers**

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

#### **Enforcement**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

#### **Timing**

Employees on a medical leave may also apply for FMLA by returning the enclosed FMLA medical certification form to their assigned work location. Medical documentation must be supplied within 18 days of the date of this notice.

## **NOTICE TO EMPLOYEES**

### **GENERAL INFORMATION REGARDING YOUR DISABILITY BENEFITS**

#### **WORKING ELSEWHERE WHILE ON ACCIDENT & SICKNESS**

You must not be engaged in any employment or occupation for remuneration or pay which is the same or similar to your job classification duties and inconsistent with your disability and/or restrictions(s). UniCare may request that you supply information to confirm that you continue to meet the eligibility requirements to receive benefits. Noncompliance with any such request could result in a suspension of your benefits.

#### **MENTAL HEALTH AND SUBSTANCE ABUSE CLAIMS WITH A LAST DAY OF WORK PRIOR TO 11/23/15.**

When applying for Accident and Sickness (A&S) or Extended Disability (EDB) disability benefits due to a Mental Health and/or Substance Abuse (MHSA) condition you must adhere to the following eligibility requirements in order to have benefits covered:

- You must be under the care and treatment of a legally licensed doctor of medicine or osteopathy who is a specialist in Psychiatry within 30 calendar days (or 90 calendar days if your last day worked was on/after 11/23/2015) of the first date of disability.
  - If your last day worked is prior to 11/23/2015 you are required to obtain treatment and certification of disability from any doctor of medicine (MD) doctor of osteopathy (DO) or a licensed clinical psychologist (PhD). You must be compliant with the prescribed treatment plans.
  - If your last day worked is on/after 11/23/2015 you are permitted to obtain treatment and certification of disability from any licensed and accredited mental healthcare provider. You must be compliant with the prescribed treatment plans.
- If your claim has been reopened due to an ineffective return to work (3 months or less) you must be under the care and treatment of a legally licensed doctor of medicine or osteopathy who is a specialist in Psychiatry within 14 calendar days (or 30 calendar days if your last day worked was on/after 11/23/2015) of your most recent date of disability.
- If your claim was initially filed for a condition unrelated to MHSA and you subsequently develop a disabling MHSA condition, you are required to seek care and treatment with a Psychiatrist within 30 calendar days (or 90 days if your last day worked was on/after 11/23/2015) from first diagnosis of MHSA condition.

#### **SOCIAL SECURITY DISABILITY INSURANCE/SOCIAL SECURITY ADVOCACY PROCESS**

If your disability is expected to last more than 12 months, you will be referred to a social security advocate for assessment. If the advocate determines you are likely to be approved for Social Security Disability Insurance Benefits (SSDIB), you will be notified of your responsibilities. Please be advised that you are required to cooperate with all stages of the process to avoid a reduction of benefits based on a presumed SSDIB offset.

If you have an accepted or disputed Workers' Compensation claim and/or you are represented by an attorney, you are obligated to cooperate with the negotiated social security advocacy process described above. If you pursue an application for SSDIB with your own attorney, you are obligated to cooperate with the reimbursement process (account sweep) provided by the social security advocacy process. You are responsible for repaying the full amount of your SSDIB award; your overpayment will not be reduced by your attorney fees. Therefore, it is not to your advantage to refuse to cooperate with the SSDIB process as negotiated.

#### **INDEPENDENT MEDICAL EXAMINATIONS**

If you are referred for an Independent/Impartial Medical Examination (IME) by UniCare and fail to appear for the exam, your benefits will stop. If you are referred for an IME and are found to be able to work, you must return to work, and your benefits will be terminated. If you are referred for an IME by UniCare and are found to be able to work/able to work with restrictions and fail to report for evaluation by Company Medical, your H-S-M-D-D-V coverage will be cancelled and will not be reinstated until you return to work.

#### **DISABILITY RETIREMENT**

If you are eligible for a disability retirement based on employee type and credited years of service you will be required to apply for disability retirement under the terms of the Group Life and Disability Insurance Program. Eligibility for disability retirement will be presumed at the 25<sup>th</sup> month of Extended Disability Benefits if you do not submit proof that you have applied for and been denied benefit under the pension program.

## REFERENCE GUIDE

SERVICE OR PROVIDER	PURPOSE	CONTACT NUMBER
National Employee Services Center (NESC)	General benefit inquiries, including TESPHE loans, COBRA, retirement, etc.	1-800-248-4444
Disability (UniCare)	Accident & Sickness and Extended Disability Benefit inquiries	1-800-572-1581
Life Insurance (UniCare)	<p>Inquiries for basic life insurance, accidental death &amp; dismemberment, survivor income benefits, safety belt user, optional life insurance, dependent life and optional accident insurance.</p> <p><b>Please note:</b> You must contact UniCare while on medical leave or layoff to continue optional life insurance coverages.</p>	1-800-843-8184
Ford Credit	Inquiries regarding your car or lease payments	1-800-727-7000
Group Auto/Home Owners Insurance (Sterling Insurance Group)	Inquiries related to continuation of your voluntary coverage	1-888-525-7575
Physical Therapy	To verify if an outpatient physical therapy provider participates within the medical plan's network	<p>National PPO /Blue Preferred Plus PPO members – Contact: TheraMatrix at 1-888-638-8786</p> <p>HMO plan members (HAP, Priority Health, Humana) – Contact: Your carrier at the telephone number listed on your ID card</p>
UAW-FCA-Ford-General Motors Legal Services Plan Trust	Variety of Legal Services including the Social Security Advocacy Program	1-800-521-7940
Paystub information	To obtain copies of prior Ford pay stubs while on a Medical Leave of Absence	<a href="mailto:hpay@ford.com">hpay@ford.com</a>



UniCare provides Accident and Sickness (A&S), Extended Disability Benefits (EDB), Basic and Optional Life Insurance, Survivor Income Benefits (SIB), Disability Benefits, including and Optional Long Term Disability (OLTLD).

**To initiate your A&S claim and Medical Leave of Absence**

Be prepared to provide your work location, your treating doctor's full name, and telephone number.

- Telephone: 877-475-9652

**For questions regarding your A&S or EDB claim**

- Telephone: 800-572-1581
- Address: UniCare Life and Health Insurance Company  
PO Box 4479  
Dearborn, MI 48126-4479
- Fax: 855-318-3193 or, 855-318-3194 or, 855-318-3195

**For questions regarding Basic and Optional Life Insurance or SIB, or to enroll in OLTLD**

- Telephone: 800-843-8184
- Address: UniCare Life and Health Insurance Company  
PO Box 2090  
Dearborn, MI 48123-2090

**For questions regarding your OLTLD claim**

- Telephone: 800- 232-0113
- Address: UniCare Life and Health Insurance Company  
Disability Claim Service Center  
PO Box 105426  
Atlanta, GA 30348-5426

**Did you know?**

Filing a disability claim with UniCare also files your medical leave with your location?

- Yes it is true, if you file a claim for disability benefits, UniCare will notify your work location of your request for a medical leave of absence.

Members may enroll in Optional Life and OLTLD Benefits or view their Optional Life Insurance information by going to: [www.unicare.com/ford](http://www.unicare.com/ford)

You may also:

- View or change optional life beneficiaries
- Obtain optional life forms
- View coverage details for both optional life and optional OLTLD