



# Disability Plan Claim Kit

**Employees of Jeppesen Sanderson, Inc.**

## Introduction

If an illness or injury prevents you from working, this claim kit provides the materials and information you need to file a disability claim.

## Jeppesen Employees

If you are absent from work for more than seven consecutive calendar days as a result of illness or injury, you are eligible to apply for disability benefits. Please review this claim kit and refer to your *Disability, Life, and Accident Plans* summary plan description booklet and any *Updates* for details. This kit and the booklet are available from the Boeing Benefits & Compensation web site (<http://www.boeing.com/benefits/>). To request a leave of absence or a leave of absence kit, please call your Human Resources office. (See "For More Information," on page 11.)

## Important Notice

*This information summarizes disability plan benefits and is general in nature. Every effort has been made to provide accurate information in this guide. Certain eligibility and benefit provisions apply to each of the Plans, programs, and policies described in this guide; not all of these provisions are described here. In the event of a conflict between this guide and the official Plan documents, the official Plan documents will control. Copies of the summary plan descriptions may be obtained by contacting the Boeing Service Centers through Boeing TotalAccess. Copies of the official Plan documents are available at the cost of reproduction by written request to the Plan Administrator (see "For More Information" on page 11). The Boeing Company reserves the right to change, modify, amend, or terminate the plans, programs, and policies at any time and for any reason for employees, former employees, retirees, and their dependents and beneficiaries.*



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# Instructions for Filing a Claim for Benefits

To file for short-term and/or long-term disability benefits, you must complete and submit both of the following forms, which are provided in the appendix:

- Disability Benefits Request form
- Attending Physician's Statement form

## Filing for Short-Term Disability Benefits

If you are absent from work for more than seven consecutive calendar days and you meet the requirements for disability, you may file a claim for short-term disability benefits.

## Filing for Long-Term Disability Benefits

If you continue to be disabled after 26 weeks, you may be eligible for long-term disability benefits. Aetna will send you the appropriate forms.

### **Step 1: Required—Complete and submit the Disability Benefits Request form.**

- a. Complete section 1, "Employee Information." Please type or print.
- b. Sign and date section 2, "Employee Authorization."
- c. Section 3, "Request for Short Term or Weekly Disability Income Payments," applies to short-term disability benefits only. For more information on these options, see page 4.

You must choose one of the following payment options:

- Option 1: Short-Term Disability Plan benefits only.
  - Option 2: Sick leave pay, vacation pay, and personal hours/floating holiday pay in addition to plan benefits. **Note:** *Floating holiday pay may be available to Jeppesen employees.*
  - Option 3: **Not available for Jeppesen employees.**
- d. Sign and date section 4, "Disability Income Authorization."
  - e. Fax the Disability Benefits Request form to Aetna at 1-888-329-4093 or mail the original to Aetna Life Insurance Company, P.O. Box 14559, Lexington, KY 40512-4559 and return a copy to your local Human Resources office.

### **Step 2: Required—Have your physician complete the Attending Physician's Statement form.**

- a. Ask your physician to complete the entire form.
- b. Have your physician sign and date the form.
- c. Fax the form to Aetna at 1-888-329-4093 or mail the original to Aetna Life Insurance Company, P.O. Box 14559, Lexington, KY 40512-4559 and return a copy to your local Human Resources office.

**Remember:** *Aetna must receive both the Disability Benefits Request form and Attending Physician's Statement form before your claim for benefits will be considered. The most common reason for delayed disability benefit payments is because the employee's treating physician did not respond in a complete or timely manner to Aetna Disability.*

### Step 3: Optional—Tax Deductions

For general information about taxation of disability benefits, please call Aetna. (See page 11.) You also should check with your tax adviser for additional information.

**Remember:** *When your disability ends, you are required to call Aetna and your local Human Resources representative. (See page 11.)*

## Short-Term Disability Payment Options Description

If you are absent from work for more than seven consecutive calendar days as a result of an illness or injury, you may be eligible to receive Short-Term Disability Plan benefits if you meet disability plan requirements. If approved, your disability benefits begin on the eighth day of your absence and may be approved up to 26 weeks. The first seven calendar days of your absence are an unpaid waiting period; however, you may receive income by using sick leave pay, vacation pay, and personal hours/floating holiday pay. (**Note:** *Floating holiday pay may be available to Jeppesen employees.*) Starting with your eighth consecutive day of absence, you have two possible options for receiving disability payments.

### Option 1

You may receive Short-Term Disability Plan benefits, which provide 80 percent of your weekly salary for weeks 2 through 13, and 60 percent of your weekly salary for weeks 14 through 26. You will not use sick leave pay, vacation pay, or personal hours/floating holiday pay to supplement your income under this option.

### Option 2

You may receive Short-Term Disability Plan benefits, as indicated for option 1, as well as sick leave pay, vacation pay, and personal hours/floating holiday pay. These payments supplement your disability income to equal 100 percent of your salary. You must indicate the type of payments (i.e., sick leave pay, vacation pay, and/or personal hours/floating holiday pay) and the order in which you want to receive the payments on the Disability Benefits Request form.

### Option 3

**Note:** *This option is not available for Jeppesen employees even though it may appear on some of the standard claim forms.*

# Questions and Answers: Short-Term Disability Benefits

## Benefits, Claims, and Payments

### 1. Who may apply for Short-Term Disability Plan benefits?

Jeppesen employees covered under the Short-Term Disability Plan are eligible for benefits under the Short-Term Disability Plan. You may qualify for plan benefits if an illness or injury prevents you from working for more than seven consecutive calendar days.

### 2. What are the definitions of *disabled* and *salary* in relation to Short-Term Disability Plan benefits?

*Disabled* means that you are unable to perform the material duties of your own occupation or other appropriate work the Company makes available as a result of illness (including a pregnancy-related condition) or accidental injury and you are earning 80 percent or less of your predisability earnings.

*Salary* means your base salary, plus shift, lead, and foreign and domestic pay differentials, but excluding bonuses, overtime, cost-of-living allowances, incentive compensation, or other compensation that you receive from Boeing or a participating subsidiary.

### 3. When should I file a claim for Short-Term Disability Plan benefits?

You should file a Short-Term Disability Plan claim as soon as you know that your medical absence will last more than seven consecutive calendar days. Plan benefits are not available until you satisfy this unpaid seven-day waiting period and Aetna approves your disability claim. The claim process may take up to three weeks after your date of disability. Please note that not promptly submitting the required documentation can cause substantial delays. You may submit a claim before your absence occurs if the absence is scheduled (e.g., for surgery or because of pregnancy). You must submit your completed claim for short-term disability benefits within 31 days of the date your disability benefits are first payable (even if you do not intend your benefits to start within 31 days [See item 11]).

### 4. How may I get a disability claim kit?

You may print the disability claim kit from the Boeing Benefits & Compensation site on the World Wide Web (see page 11). The disability claim kit also is included in the leave of absence kit. Jeppesen employees may request the leave of absence kit by calling Jeppesen Human Resources (see page 11).

### 5. How may I get a Short-Term Disability Plan claim form?

The short-term disability claim form is part of this disability claim kit (see question 4).

### 6. Who is the Claims Administrator for the Short-Term Disability Plan?

Aetna Life Insurance Company

### 7. Where should I file my claim for Short-Term Disability Plan benefits?

Fax the forms to Aetna at 1-888-329-4093 or mail the original to Aetna Life Insurance Company, P.O. Box 14552, Lexington, KY 40512-4559.

### 8. What funds may I receive to supplement my income during the first seven consecutive calendar days of absence since it is unpaid?

Jeppesen employees may use sick leave pay, vacation pay, and floating holiday pay.

## **9. What payments may I receive after the first seven consecutive calendar days of absence?**

You may receive payments from a variety of sources for up to 26 weeks, depending on which Short-Term Disability Plan payment option you choose. See page 4 for information on your options.

## **10. If I am disabled for more than seven consecutive calendar days, should my supervisor enter sick leave pay, vacation pay, and/or personal hours/floating holiday pay into the electronic timekeeping system or complete my time sheets for me?**

Yes. Your supervisor must enter your time in the applicable electronic timekeeping system or complete your time sheets after the seventh consecutive calendar day of your disability leave.

## **11. Under what circumstances could I receive less than the full Short-Term Disability Plan benefit payment?**

Income benefits from other sources such as retirement income, state disability income, or workers' compensation, will reduce benefit payments to you under the Short-Term Disability Plan. For a list of other income that may be deducted from your disability benefit payments, please see your summary plan description booklet and any *Updates*. You cannot receive more than 100 percent of your predisability earnings.

## **12. If I choose option 1 or option 2, when will I receive my first Short-Term Disability Plan payment?**

Once your disability claim is approved, you should receive your first payment approximately three weeks after the date you filed a claim for disability. This length of time is influenced by how much time you need to complete and submit the Disability Benefits Request form and how much time your physician needs to complete and submit the Attending Physician's Statement form. You may want to encourage your physician to make sure that the completed Attending Physician's Statement form is submitted to Aetna as quickly as possible. Generally, Aetna will process disability claims within seven consecutive calendar days after receiving all necessary information, including the completed Disability Benefits Request form and Attending Physician's Statement form. The first payment from Aetna will include any retroactive amounts due. After the first payment, checks are sent weekly.

## **13. If I want to use sick leave pay, vacation pay, and/or personal hours/floating holiday pay only, do I need to file a claim for Short-Term Disability Plan benefits?**

No, however, you will need to advise your supervisor and Human Resources. For example, if you expect to be off work for three weeks because of surgery and you want to use sick leave pay for the full three weeks, you will not need to file a claim for disability benefits. However, if you later learn that your absence will last longer than three weeks and you want to begin receiving Short-Term Disability Plan benefits, you must then file a claim immediately because you only have 31 days from your first day of absence to file for disability benefits.

## **14. Where will disability checks be sent?**

If you have direct deposit, that method of payment will continue for sick leave payments; however, Aetna mails Short-Term Disability Plan benefit payments to your home address. Direct deposit is not available for this benefit payment.

## 15. How much will I pay for health and insurance coverages while I am receiving Short-Term Disability Plan benefits?

During the first six months of your leave, all Company-paid coverages except Business Travel Accident Plan coverage will continue to be paid by the Company. Business travel accident coverage ends on the date that your leave begins. If you are on leave for more than six months, the Boeing Service Center for Health and Insurance Plans will send you information about continuing your health and insurance coverages.

## 16. If my pay changes, when will my Short-Term Disability Plan payments change?

If you are actively at work and your weekly salary either increases or decreases, your coverage amount (the weekly benefit for which you may be eligible) will change automatically on the first of the month following or coinciding with the date the Boeing Service Center for Health and Insurance Plans is notified of your change in salary. For example, for merit increases effective in March but paid in April, short-term disability coverage increases are effective May 1. However, if you are not actively at work on the day the coverage change is to become effective, the effective date for your new coverage amount will be delayed until the first day of the month following or coinciding with the day you return to work for one full day.

## Deductions From Short-Term Disability Payments

### 17. What tax deductions will be taken from my Short-Term Disability Plan benefits?

Aetna deducts Federal income tax, Social Security tax, and if required or requested, state income tax. Aetna does not take any other deductions that would normally be taken from your payroll check. Call Aetna for details. (See page 11.)

### 18. If I select option 2 what deductions will be taken from my sick leave pay, vacation pay, or personal hours/floating holiday pay?

- **Taxes.** Federal, state, and/or Social Security taxes will continue to be withheld based on the amount of pay you receive. See the answer to question 15 for more information about deductions.
- **Health and insurance plan contributions.** For disability pay that is distributed from Aetna, no contributions are taken. However, if Boeing Payroll issues the sick leave pay, vacation pay or personal hours/floating holiday pay, contributions for medical and dental coverage, the health care reimbursement account, and supplemental life, accident, or disability coverages (if applicable), or other deductions generally will continue as long as there is sufficient pay to take deductions.
- **VIP contributions.** If enough sick leave pay, vacation pay or personal hours/floating holiday pay is available, VIP contributions will continue at the same investment percentage in effect before your disability. For example, if you normally earn \$1,000 per pay period and invest 8 percent of your pay, your normal VIP deduction is \$80. If you become disabled and choose to receive 20 percent of your pay (\$200) to supplement the 80 percent of pay that you receive as a Short-Term Disability Plan payment, your VIP contribution will be \$16 (8 percent of \$200).
- **VIP loan deductions.** Loan repayments will be deducted if there is enough sick leave pay, vacation pay or personal hours/floating holiday pay to take the entire loan deduction. If there is not enough sick leave pay, vacation pay or personal hours/floating holiday pay, you will be notified by the plan administrator about continuing to make payments.
- **Other deductions.** Deductions, including credit union deposits and U.S. savings bond purchases, will still be made if there is enough sick leave pay, vacation pay or personal hours/floating holiday pay to take the deductions.

## Return to Work

### **19. What will I have to do to return to work on my regular schedule?**

When you are ready to return from a leave of absence, you will need to allow several weeks to see your physician to get the approvals to return to work, so make your appointments well in advance of your return to work date. Call your local Human Resources representative to advise them of your expected return to work date. You also must call Aetna to avoid any overpayment of disability benefits. (See page 11.)

### **20. What if I return to work for a brief time and then go back on leave?**

If you return to work for fewer than 60 days and go back on leave because of the same illness or injury, your second period of disability will be treated as an extension of the first period of disability under the Short-Term Disability Plan. For example, if you go on leave for 16 weeks, return to work for 45 days, and then go on leave again because of the same illness or injury, there will be no waiting period for the second period of leave. If you had chosen option 1 or option 2, payments would resume at 60 percent and would be paid up to the balance of the 26-week period (10 weeks). If you return to work for fewer than 60 days and go back on leave for a different illness or injury, the second period of disability will be considered a new, separate up to 26-weeks of approved disability. A new unpaid waiting period of seven consecutive calendar days will apply. This also will be true if you return to work for more than 60 days and go back on leave for any reason. In any of these circumstances, call Aetna and your local Human Resources representative. (See page 11.)

### **21. What will happen if I return to work on a reduced schedule?**

If your disability prevents you from working your regular schedule and you plan to return to work on a reduced schedule, please call Aetna. (See page 11.) If your reduced work schedule is approved as rehabilitative employment, you may be eligible to continue receiving Short-Term Disability Plan benefits from Aetna. However, the combination of your earnings and your payments from Aetna cannot exceed 100 percent of your predisability earnings. You also should call your local Human Resources representative. (See page 11.)

## **Questions and Answers: Long-Term Disability Benefits**

### Benefits, Claims, and Payments

#### **1. Who may apply for Long-Term Disability Plan benefits?**

You may qualify for plan benefits if an illness or injury prevents you from working for more than 26 weeks.

#### **2. What are the definitions of disabled and indexed predisability earnings in relation to Long-Term Disability Plan benefits?**

During the first 24 months of long-term disability benefit payments, disabled means that you are unable to perform the material duties of your own occupation, or other appropriate work the Company makes available, as a result of illness (including a pregnancy-related condition) or accidental injury and you are earning 80 percent or less of your indexed predisability earnings. After the first 24 months of long-term disability benefit payments, disabled means that you are unable to perform the material duties of any reasonable occupation for which you may be fitted by training, education, or experience as a result of illness (including a pregnancy-related condition) or accidental injury and you are earning 80 percent or less of your predisability earnings. Indexed predisability earnings means your base monthly salary immediately before a total disability began, adjusted by the Consumer Price Index on each anniversary of the date on which your long-term disability benefits began, but never reduced below your initial base monthly salary.

### **3. When should I file a claim for Long-Term Disability Plan benefits?**

You must submit your claim for long-term disability benefits within 90 days of the date your 26-week waiting period ends. Aetna will forward the appropriate forms to you. You do not need to complete another Disability Benefits Request form.

### **4. Who is the Claims Administrator for the Long-Term Disability Plan?**

Aetna Life Insurance Company

### **5. Where should I file a claim for Long-Term Disability Plan benefits?**

Fax the forms to Aetna at 1-888-329-4093 or mail the original to Aetna Life Insurance Company, P.O. Box 14559, Lexington, KY 40512-4552.

### **6. Under what circumstances could I receive less than the full Long-Term Disability Plan benefit payments?**

Income benefits from other sources, retirement benefits, state disability income, or workers' compensation, will reduce benefit payments under the Long-Term Disability Plan. For information about other income that may be deducted from your disability benefit payments, see your summary plan description booklet and any *Updates*.

### **7. How much will I pay for health and insurance coverages while I am receiving Long-Term Disability Plan benefits?**

- You may be eligible to continue your current medical coverage and health care reimbursement account through COBRA. You must elect and pay the active employee contribution rate in a timely manner. You may be eligible to continue your current dental coverage through COBRA by electing and paying the full cost of the premium in a timely manner. The Boeing Service Center for Health and Insurance Plans will forward information to you and your dependents, if applicable, regarding COBRA rights.
- You will not be required to pay the premiums for your supplemental long-term disability coverage (if applicable) while you are receiving benefits under the Long-Term Disability Plan.
- If you have been approved for long-term disability benefits before age 65, your basic life insurance and supplemental life insurance (if applicable) will continue at no cost to you while you are receiving long-term disability benefits until you reach age 65. For more information, please see your summary plan description and any *Updates*.
- Your basic accidental death and dismemberment coverage will end when you become eligible for long-term disability benefits.
- You may continue your supplemental AD&D coverage for up to 24 months by paying the full cost of the premiums.

For more information, see your summary plan description and any *Updates* or call the Boeing Service Center for Health and Insurance Plans. (See page 11.)

### **8. If my pay changes, when will my Long-Term Disability Plan payments change?**

If you are actively at work and your base monthly salary either increases or decreases, your coverage amount (the monthly benefit for which you may be eligible) will change automatically on the first of the month following or coinciding with the date the Boeing Service Center for Health and Insurance Plans is notified of the change in your salary. For example, for merit increases effective in March but paid in April, long-term disability coverage increases are effective May 1. However, if you are not actively at work on the day the coverage change is to become effective, the effective date for your new coverage amount will be delayed until the first day of the month following or coinciding with the day you return to work for one full day.

## **9. May I use sick leave pay, vacation pay, or personal hours/floating holiday pay to supplement Long-Term Disability Plan benefits (if eligible)?**

No. Sick leave pay, vacation pay, and personal hours/floating holiday pay may be used to supplement only Short-Term Disability Plan benefits.

## Deductions From Long-Term Disability Payments

### **10. What tax deductions are taken from my long-term disability benefits?**

Aetna deducts Federal income tax, and if required or requested, state income tax. Social Security tax may be applicable; call Aetna for details. (See page 11.) If you want a different rate, you may submit a current-year W-4 form to Aetna. Aetna does not take any other deductions that would normally be taken from your payroll check.

## Return to Work

### **11. What will I have to do to return to work on my regular schedule?**

When you are ready to return from a leave of absence, call your local Human Resources representative. You also must notify Aetna to prevent any overpayment of disability benefits. (See page 11.)

### **12. If I submit a W-4 form to Aetna while I am on disability leave, what will happen to the W-4 on file with Boeing or my payroll department? And what will happen when I return to work?**

The W-4 form that you submit to Aetna while you are on disability leave supersedes the W-4 form on file with your payroll department only while you are receiving Long-Term Disability Plan benefits. When you return to work, the W-4 on file with Boeing or your payroll department automatically takes effect again. (Please be sure to submit the current W-4 form; otherwise, you may experience a delay in receiving your adjusted benefits.)

### **13. What if I return to work for a brief time and then go back on leave?**

For details on separate periods of disability, please call Aetna. (See page 11.)

### **14. What will happen if I return to work on a reduced schedule?**

If your disability prevents you from working your regular schedule and you plan to return to work on a reduced schedule, call Aetna for details. If your reduced work schedule is approved as rehabilitative employment, you may be eligible to continue receiving Long-Term Disability Plan benefits from Aetna. You also should call your local Human Resources representative. (See page 11.)

## For More Information

### Eligibility under the Short-Term Disability Plan or Long-Term Disability Plan

Boeing Service Center for Health and Insurance Plans, through Boeing TotalAccess (See contact information below.)

### Questions on filing a claim for disability benefits

To contact Aetna, call Boeing TotalAccess at 1-866-473-2016 and when prompted, say “leave of absence.”

Representatives are available weekdays from 9 a.m. to 8 p.m. U.S. Eastern time (8 a.m. to 7 p.m. U.S. Central time; 7 a.m. to 6 p.m. U.S. Mountain time; 6 a.m. to 5 p.m. U.S. Pacific time).

### VIP account payments

Boeing Savings Service Center, through Boeing TotalAccess (see contact information below)

### Jeppesen employees

- Requesting a leave of absence or leave of absence kit
- Sick leave, vacation, and personal hours/floating holiday payments
  - Primary contact (Jeppesen Human Resources): 303-328-4513
  - Secondary contacts: 303-328-4512; 303-328-4525

### Boeing TotalAccess

You must have your BEMS ID number (or Social Security number) and Boeing TotalAccess password.

- World Wide Web: [www.boeing.com/express](http://www.boeing.com/express)
- Telephone: 1-866-473-2016; TTY/TDD services for the hearing impaired are available at 1-800-755-6363.

Representatives are available weekdays from 7 a.m. to 8 p.m. U.S. Central time. Automated telephone services are available 24 hours a day, every day.

## Appendix

- W-4 Form: Available to print from the Internal Revenue Service web at:  
<http://www.irs.gov/pub/irs-pdf/fw4.pdf?portlet=3>
- Disability Benefits Request Form (attached)
- Attending Physician’s Statement Form (attached)
- Behavioral Health Clinician Statement (attached)



# Disability Benefits Request Form

**Instructions: Complete sections 1 and 3; sign and date sections 2 and 4.**

## 1. EMPLOYEE INFORMATION

NAME First Middle Last	SOCIAL SECURITY NUMBER	SHIFT <input type="checkbox"/> 1st <input type="checkbox"/> Other	STATUS <input type="checkbox"/> Full time <input type="checkbox"/> Part time
HOME ADDRESS	DATE OF BIRTH / /	EMPLOYEE TYPE <input type="checkbox"/> Nonunion <input type="checkbox"/> SCPEA <input type="checkbox"/> SPEEA WTPU	
	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	JOB TITLE/OCCUPATION	
HOME PHONE	WORK PHONE	MANAGER'S NAME: PHONE:	
LAST DAY WORKED	RETURN TO WORK DATE (if known)	WAS MORE THAN 1/2 SHIFT WORKED ON THE LAST DAY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LIST ANY OTHER INCOME BENEFITS YOU HAVE APPLIED FOR OR ARE RECEIVING (SUCH AS WORKERS' COMPENSATION, SOCIAL SECURITY, OTHER RETIREMENT INCOME, OR MILITARY PAY) BENEFIT _____ AMOUNT \$ _____ Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	WAS CONDITION RELATED TO EMPLOYMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF AN ACCIDENT: DATE OF ACCIDENT: _____	
	ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	PLACE IT HAPPENED: _____	
	CAUSE OF DISABILITY	HOW IT HAPPENED: _____	

## 2. EMPLOYEE AUTHORIZATION

### To all providers of health care:

You are authorized to provide Aetna Life Insurance Company or one of its affiliated companies ("Aetna"), and any independent claim administrators and consulting health professionals and utilization review organizations with whom Aetna has contracted, information concerning health care advice, treatment or supplies provided the patient (including that related to mental illness and/or AIDS/ARC/HIV). This information will be used to evaluate claims for benefits. Aetna may provide the employer named above with any benefit calculation used in payment of this claim for the purpose of reviewing the experience and operation of the policy or contract. In the event of an employee's long term disability, Aetna may provide employee's life insurance carrier with the minimum diagnostic information necessary to implement the premium disability waiver provision of such life insurance coverage. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have a right to receive a copy of the authorization upon request and agree that a photographic copy of this authorization is as valid as the original.

**Employee's or Authorized Person's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 3. REQUEST FOR SHORT TERM DISABILITY INCOME PAYMENTS

FOR DISABILITY BENEFITS STARTING THE 8TH CONSECUTIVE DAY OF ABSENCE:

Option 1: Short Term Disability Plan benefits ONLY

Option 2: Sick leave pay, vacation pay, floating holiday pay, and FSP funds in addition to Short Term Disability Plan benefits as follows:

<input type="checkbox"/> Sick Leave	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
<input type="checkbox"/> Vacation	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
<input type="checkbox"/> Floating Holiday Pay	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
<input type="checkbox"/> FSP	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th

Option 3: Sick leave pay, vacation pay, floating holiday pay, and FSP funds instead of Short Term Disability Plan benefits as follows:

<input type="checkbox"/> Sick Leave	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
<input type="checkbox"/> Vacation	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
<input type="checkbox"/> Floating Holiday Pay	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th
<input type="checkbox"/> FSP	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th

YOU MUST COMPLETE: Date Short Term Disability Plan benefits should start: \_\_\_\_\_ (MM/DD/YY)  
(The date you indicate cannot be changed.)

## 4. DISABILITY INCOME AUTHORIZATION

I request disability plan benefits. I also request The Boeing Company to pay me the additional benefits checked on this form. If I receive any payment(s) as a result of this disability (other than Boeing benefits), I will report it (them) to Aetna (please refer to your benefit booklet for a complete list of payments that are considered other income benefits). I authorize The Boeing Company or Aetna, as the administrative agent for Boeing, to recover overpayments by deducting them from future disability benefits, paychecks, or through other methods. I authorize the exchange of information between The Boeing Company and Aetna and/or their agents for the purposes of administering these benefits. I understand that prior to the payment of any benefit under this plan, I must authorize release of such medical records as Aetna in its sole discretion determines are necessary.

**Employee's or Authorized Person's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Patient Name (Last, First Middle Initial) Required

**5. Abilities/Limitations**

(a) Patient is: Place remarks in item (d) below, if applicable.

- Competent to endorse checks and direct the use of proceeds thereof  Yes  No  Other/describe in (d)
- Able to work with others .....  Yes  No  Other/describe in (d)
- Able to give supervision .....  Yes  No  Other/describe in (d)
- Able to work cooperatively with others in group setting .....  Yes  No  Other/describe in (d)
- Able to do? **Select one: Place remarks in item (d) below, if applicable.**
  - Heavy work** activity. No limitations of functional capacity.
  - Medium work** activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
  - Light work** activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
  - Sedentary work** activity – moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
  - No ability to work.** Severe limitation of functional capacity; incapable of minimal activity
  - Other.** Place remarks in item (d) below.

(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) \_\_\_\_\_

- Number of Hours patient is capable of working in a day:  12  10  8  6  4  2  1 Hour/Day
- Number of Days per week patient is able to work:  1  2  3  4  5  6  7 Days/Week
- Date you prescribed restriction on work activities ..... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- How long are these restrictions/limitations in effect? \_\_\_\_\_  No Longer  
Days Weeks Months
- Estimated return to work date? \_\_\_\_\_ modified duty \_\_\_\_\_ full duty  
(MM/DD/YYYY) (MM/DD/YYYY)

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)

(d) Other/Comments \_\_\_\_\_

**6. Current Status**

- (a) Patient has .....  Improved  Stabilized  Regressed  Not Applicable
- (b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?  
 No  Yes, please explain \_\_\_\_\_
- (c) In your opinion, is your patient motivated to return to work? \_\_\_\_\_

**7. Physician Information**

Attending Physician's Name ( <i>Print</i> )	Degree	Specialty
Address ( <i>No. Street, City, State, Zip Code</i> )	Telephone Number	Fax Number
Signature		Date (MM/DD/YYYY)

Patient Name (Last, First Middle Initial) Required

## 8. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Attention Arkansas, Louisiana, Rhode Island and West Virginia Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention California Residents:** For your protection, California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Attention Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Attention Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Attention Kansas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

**Attention Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

**Attention Maine and Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**Attention Maryland Residents:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Attention New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Attention North Carolina Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

**Attention Ohio and Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Attention Oklahoma Residents:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Attention Oregon Residents:** Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

**Attention Puerto Rico Residents:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Attention Vermont Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**Attention Virginia Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

**Attention Washington Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.



# Behavioral Health Clinician Statement – Update

The Boeing Leave Service Center as administered by Aetna  
PO Box 14559  
Lexington, KY 40512  
Phone: 866-473-2016  
Fax: 888-329-4093



Client Name	Provider Name	Clinical Manager
Client Date of Birth	Provider Telephone Number	Clinical Manager Telephone Number
Client Social Security Number	Provider Fax Number	Clinical Manager Fax Number

Provide detailed examination findings that would prohibit the claimant from performing.  
 Any     Own: Occupation as

## A. Cognitive Functioning

1. Able to follow a three step command?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide exam findings:
2. Any memory deficits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide examples of:
3. Any impairment in focus and concentration in session?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide exam findings/examples of:
4. Any impairment in decision making?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide examples of:
5. Delusional ideations or hallucinations evident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide examples and how these thought disturbances interfere with the claimant's ability to perform at work:

## B. Emotional Functioning

1. Emotional state during exam (e.g. affect type, range, intensity, lability, dyscontrol, congruency).		
2. Needs assistance to compose self?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe:
3. Panic attacks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe panic symptoms:
4. Frequency of panic attacks:	5. Duration of each attack:	

## C. Behavioral Observations

1. Impairments observed during exam: (e.g. speech disturbance, motor activity, hygiene deficits, energy level):
2. Impulse control (e.g. substance abuse, manic behavior, aggressive behavior):

## D. Risk to Self/Others

1. Suicidal ideation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe if plan reported:
2. Homicidal ideation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe if plan reported:
3. Has the claimant contracted for safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please describe:
4. Able to report reasons for not harming self/others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please describe:

Client Name	Provider Name	Clinical Manager
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### E. Treatment

	Start Date	End Date	Days Per Week	Hours Per Day	Frequency	Last Visit	Next Visit
<input type="checkbox"/> Inpatient Care			N/A	N/A	N/A	N/A	N/A
<input type="checkbox"/> Partial Hospitalization Programs						N/A	N/A
<input type="checkbox"/> Intensive Outpatient (IOP)						N/A	N/A
<input type="checkbox"/> Outpatient Psychotherapy	N/A	N/A	N/A	N/A			
<input type="checkbox"/> Medication Management	N/A	N/A	N/A	N/A			

1. Current medications/changes in medication:

2. Medication side effects:  No  Yes, please describe side effects:

### F. Work Status

1. If applicable, is the claimant safe to operate a company or commercial vehicle / operate heavy machinery?  Yes  No, If No, please explain:

2. **Client's perspective:** The client has conceptualized the following barriers in returning to work:

### G. Diagnostic Impressions

Axis I: \_\_\_\_\_ Axis III: \_\_\_\_\_ Axis V: Global Assessment of Functioning: \_\_\_\_\_  
 Axis II: \_\_\_\_\_ Axis IV: \_\_\_\_\_

### H. Claimant Return To Work Status

Has a return to work date been discussed with the patient?  No  Yes

Released to work full duty on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Able to work with modifications: Please list: \_\_\_\_\_

Projected return to work by \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Unable to work at this time.

In addition to areas addressed in above sections, please comment on reasons claimant is unable to return to work:

Signature	Exam Report Date	Date Form Completed
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