

FMLA & Short-Term Disability Guide



Local 3905

Includes information for Core, Mobility, and Utility members

FMLA

January 1st of each year, everyone is entitled to 12 weeks of FMLA (450 hours if your schedule is 37.5 hours weekly, 480 hours if you work a 40 hour work week)

You must have 1250 hours in the calendar year to be eligible for FMLA (this is based on a rolling calendar year)

FMLA can be taken for the following reasons:

- To care for the employee's child after birth, or placement for adoption/foster care.
- To care for the employee's spouse (as defined or recognized under state law), child, or parent who has a serious health condition.
- For a serious health condition that has been certified by a health care provider that makes the employee unable to perform the employee's job, including incapacity due to pregnancy and prenatal medical care.
- Active Duty/Qualifying Exigency Leave arising out of the fact that a covered employee's spouse, child, parent or covered service member is on or has been called or ordered to covered active duty in the Armed Forces.

If taking FMLA for consecutive days, **time off must be longer than 3 days** (minimum of 4 calendar days). On your 8th day, you must file for short term disability.

Intermittent time can be taken in as little as one hour increments.

To file for FMLA, you must login into Leave Link ([mysedwick gateway to LeaveLink®](#)), follow the steps to submit your claim. Once completed, the claims will then be emailed to you.

You will have **20 calendar days** to get your paperwork submitted.

Once you receive your paperwork, you take it to your doctor, have them fill it out. The doctor's office gives the paperwork back to you, and YOU upload them into Leave Link.

If you will not be able to get your documents upload by the date provided, you have **ONE time** to request a 7 day extension. This request, must be done prior to your due date.

If you need to modify, extend, or cancel your FMLA request, you can only do this while it shows in a "pending" state.

Once uploaded, your claim will either be approved, pending, or denied. If pending due to insufficient paperwork, you will be given an additional 20 days to get provide the information that is missing.

If your FMLA is denied, you will then need to submit for a job accommodation. You have **10 calendar days** from date of denial to submit this claim.

If you are in the [Core/Utilities contract](#) or [Wire Tech Addendum](#), you have to call in and report each absence to your supervisor. If you are in the [Mobility contract](#), you must report your time in [My Time](#) as well as [Leave Link](#).

Serious Health Condition – an illness, injury, impairment, or physical or mental condition that involves one of the following:

- Inpatient care: overnight stay in a hospital, hospice, or residential medical care facility including any period of incapacity or subsequent treatment in connection with inpatient care stay.
- Continuing treatment: A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:
 - Absence plus treatment: A period of incapacity of more than three consecutive, full calendar days, including any subsequent treatment or period of incapacity relating to the same condition that also involves:
 - 1.) Treatment, two or more times within 30 days of the first date of incapacity unless extenuating circumstances exist, by a health care provider, a nurse or physician's assistant under direct supervision of a health care provider or by a provider of health care services (e.g.; physical therapist) under orders of, or on referral by a health care provider; or
 - 2.) Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatments under the supervision of the health care provider. Treatment by a healthcare provider means in-person visit to a healthcare provider. The first (or only) in-person treatment visit must take place within seven days of the first date of incapacity
- Pregnancy: Any period of incapacity due to pregnancy and for prenatal care.
- Chronic conditions requiring treatment: Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is on which:
 - Requires periodic visits (defined as at least twice a year) for treatment by a healthcare provider or by a nurse or physician's assistant under direct supervision of a healthcare provider. Continues over an extending period (including recurring episodes of a single underlying condition); and
 - May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)
- Permanent or long-term conditions requiring supervision: A period of incapacity, which is permanent or long term due to a condition for which treatment may not be effective. You or your family member must be under continuing supervision of, but not need be receiving active treatment by a healthcare provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
- Multiple treatments for certain non-chronic conditions: Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a healthcare provide or by a provider of health care services under orders of, or on referral by, a healthcare provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy) or kidney disease (dialysis).

Short Term Disability

Short term disability can only be taken for yourself.

On your 8th consecutive day of absence, you must open a short term disability claim by calling, 866-276-2278.

To make the call easy, it is best to have the following information ready: your doctor's name, telephone number, address, and fax number.

You will be asked if you would like your updates sent via email or text, it is best to NOT opt into this. Whatever information they send via these two options are considered received whether you got them or not. It is always best to use snail mail!! The option is yours to make.

Once you receive your paperwork, you fill out a small portion, and then take the remaining documents to your physician to be completed.

Once Sedgwick receives your paperwork, they have 15 days to review and render a decision, but can take longer depending on what is received and when.

If your claim is approved, you and your supervisor will be notified.

All absences you incur under STD will be automatically be protected by FMLA (up to 12 weeks or amount of FMLA available). This also includes the first 7 days you missed. If you do not have FMLA, you will need to file a job accommodation to cover your absences.

If you are in the **Core contract**, and your claim is denied, and you are not able to return to work, you have 20 calendar days from your denial date to complete the "STD Denied Leave of Absence" paperwork in

order to protect your absences until you have either returned to work, or exhausted your appeal. **This must be sent via certified mail.**

If your claim is denied, you have 180 days to file an appeal. Once you receive your official denial letter, you send in a hand written notice with your claim number, stating you are appealing your claim. They will then give you a date in which more medical must be submitted.

If your appeal is denied and you are in **Core/Utilities contract, you can file one more appeal. If you are in the Mobility contract or Wire Tech addendum, you are out of options.**

If you have exhausted all of your appeal(s), and your claim is still denied, and you are in the **Core/Utilities contract, you have grievance rights under Article 19 (Core) and Article 14 (Utilities).** If you are in the **Mobility contract or Wire Tech addendum, you are out of options.**

If you go back out on STD within 14 days-13 weeks from returning to work (regardless of reason), you will be considered a relapse, and you will use the remaining time from your previous STD claim.

If you go back out on STD after 13 weeks of returning from a previous STD claim, you will start over with a new STD claim, and your time available resets itself.

If you exhaust all of your STD, and are still not able to come back to work, you have the following options:

Core: Long Term Disability, Disability Pension, or PMR – if you qualify.

Wire Tech, Mobility, and Utilities: Long Term Disability – if you qualify.

Short Term Disability Time Available

Core Contract: 52 weeks
 Mobility Contract: 26 weeks
 Utility Contract: 26 weeks
 Wire Tech Addendum: 26 weeks

Short Term Disability Paid Time

Core

Time with Company on 8 th Day	Weeks at 100% Pay	Weeks at 50% Pay
6 months to 2 years	0	52
2 yrs but less than 5	4	48
5 yrs but less than 15	13	39
15 yrs but less than 20	26	26
20 yrs but less than 25	39	13
25yrs or more	52	0

Mobility

Time with Company on 8 th Day	Weeks at 100% Pay	Weeks at 50% Pay
6 mths but less than 2 yrs	2	24
2 yrs but less than 3	4	22
3 yrs but less than 4	6	20
4 yrs but less than 5	8	18
5 yrs but less than 6	10	16
6 yrs but less than 7	12	14
7 yrs but less than 8	14	12
8 yrs but less than 9	16	10
9 yrs but less than 10	18	8
10 yrs but less than 11	20	6
11 yrs but less than 12	22	4
12 yrs but less than 13	24	2
13 yrs or more	26	0

Wire Tech

Time with Company on 8 th Day	Weeks at 100% Pay	Weeks at 60% Pay
6 months to 2 years	0	26
2 yrs but less than 5	4	22
5 yrs but less than 15	13	13

Utilities

50% of your pay as of your 8th day of absence

Questions or assistance with benefit issues, please reach out to the following:

Bethany Sanders
 256-651-8585
 benefits@gmail.com