

Application and Underwriting Process for Short Term Disability

Employees can apply to enroll or increase Short Term Disability coverage any time during the year.

How to Apply

- 1) Complete and submit the Optional Application form to Minnesota Management & Budget (MMB).

Employees can also submit the form to their Human Resource office who will forward it to MMB on their behalf.

- 2) MMB will notify Hartford insurance company's underwriting department of your application.

The Underwriting Process

Upon receipt of your Application for Optional Coverage, The Hartford will send a health questionnaire to the address on your application. You must complete the form and return it as instructed.

The Underwriting process does not begin until The Hartford receives your completed and signed health questionnaire. If more information or a physical is required, you will be contacted directly by Hartford. The application process is not complete until all information has been submitted to begin underwriting.

- The Medical Underwriter assesses the risk, and the application is either approved, declined, or pended for additional information.
- The Hartford will attempt to obtain any missing information via an outbound call to you and will also send you a letter outlining what is needed to complete the processing of your application.
- If missing information is not received within 30 days of the initial request, a follow-up letter will be sent to you. The application is then pended awaiting the outstanding information.
- If the outstanding information has not been received after 60 days from The Hartford's initial request, the file is then considered incomplete, and you will be notified in writing.
- Once an application is "Incomplete", it can be re-opened at any time as long as all outstanding information is received. Updated medical information may be requested.
- All employees will receive a letter regarding their status stating if they are approved, declined, or pending information. MMB will be sent a copy, excluding confidential information.

Employees can:

- a. Go to www.thehartford.com/mybenefits to view the status of their application
- b. Call Hartford's Customer Service Department at: **1-800-331-7234**
Monday - Friday, 8:00 a.m. - 6:00 p.m., Eastern Time
- c. Email The Hartford at: medical.uw@thehartford.com

Short Term Disability Health History – Example Questions

- Height & Weight
- Within the past 5 years, have you been diagnosed with or treated by a licensed medical physician for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) caused by the Human Immunodeficiency Virus (HIV) infection or other sickness or condition derived from such infection?
- Are you currently pregnant?
- Within the past 5 years, with the exception of a past pregnancy, have you lost time from work for more than 10 consecutive workdays due to a disability, injury, or sickness?
- Within the past 5 years, have you used any controlled substances, with the exception of those taken as prescribed by your physician, been diagnosed or treated for drug or alcohol abuse (excluding support groups), or been convicted of operating a motor vehicle while under the influence of drugs or alcohol?
- Within the past 5 years, have you been diagnosed with or treated by a licensed member of the medical profession for:
 - Heart related surgery or heart attack
 - Heart Disease (excluding High Blood Pressure)
 - High Blood Pressure (if yes, have you had a change in medication in the last 6 months)
 - Stroke or transient ischemic attack (TIA)
 - Blocked arteries (including arteriosclerosis, atherosclerosis, aneurysm or deep vein blood clot)
 - Chronic obstructive pulmonary disease (COPD) or Emphysema
 - Disease, injury or surgery of Joint, Ligaments, Knee, Back, or Neck (including Arthritis)
 - Depression
 - Psychotic, Psychiatric, Personality, or Bi-Polar Disorder
 - Cancer (excluding basal cell carcinoma)
 - Ulcerative Colitis or Crohn's Disease
 - Kidney failure or Dialysis
 - Hepatitis (excluding Hepatitis A) or Cirrhosis
 - Diabetes
 - Major Organ Transplant
 - Multiple Sclerosis (MS) or Amyotrophic Lateral Sclerosis (ALS)
 - Alzheimer's or Parkinson's Disease
 - Muscular Dystrophy
 - Paralysis
 - Chronic Fatigue Syndrome or Fibromyalgia
 - Sleep Apnea
 - Narcolepsy
- If you answered "yes" to any of the above, please provide additional details:
 - Medication/treatment
 - Date of diagnosis
 - Date of last symptoms
 - Current status of condition
 - Your treating physician's name, address and phone number