



**From:** NoReply@sedgwickcms.com

**Sent:** 01/29/2025 11:09:25.353-06:00

**To:** shullr21@gmail.com

**Subject:** C562502966-0001-01 New document(s) regarding your claim filed with Sedgwick

Dear Rachel Nagle:

Please find the attached documents regarding your claim filed with the Lowe's Disability, Leaves and Accommodation Service Center managed by Sedgwick.

You can obtain information regarding your claim at our website [www.mylowesbenefits.com](http://www.mylowesbenefits.com) or through our interactive voice response (IVR) system at (855) 286-8980 Monday through Friday 7:00 a.m. - 8:30 p.m. Central Time.

Sincerely,

Lowe's Disability, Leaves and Accommodation Service Center

Sedgwick Claims Management Services, Inc.  
PO Box 14671  
Lexington, KY 40512

January 29, 2025

Rachel Nagle  
104 Arlo Court  
Boyne City, MI 49712

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice [www.sedgwick.com/privacy/](http://www.sedgwick.com/privacy/).





# UNDERSTANDING YOUR PAID LEAVE OF ABSENCE

Phone: (855) 286-8980 | Web: [mylowesbenefits.com](http://mylowesbenefits.com) | Fax: (859) 280-4983 | Email: [LowesClaimInfo@sedgwick.com](mailto:LowesClaimInfo@sedgwick.com)  
Mail: PO Box 14671, Lexington, KY 40512

January 29, 2025

Hello Rachel Nagle:

The Lowe's Disability, Leaves, and Accommodation Service Center, managed by Sedgwick is here to help you with your time away from work. Our goal is to make this process as simple as possible for you.

We received, and are processing, your request for a leave of absence. Once we receive your completed documentation, you can expect a decision on your request within 5 business days.

- **Your Claim Number:** C562502966-0001-01
- **Your Time Away Begins:** January 29, 2025
- **Your Time Away is Under Review For:** Lowe's Parental Leave (LPL), Family and Medical Leave Act (FMLA) and/or state leave law

## What Do You Need to Do Now?

It is your responsibility to make sure you read and review the **Step-by-Step Guide** included in this packet to help you through the next steps and understand your responsibilities throughout this process. Your completed documentation is due on **February 18, 2025**.

## Eligibility for Leave of Absence

- The Family and Medical Leave Act (FMLA) provides job-protected time off to eligible employees. You meet the FMLA's basic eligibility requirements as reflected on the attached *FMLA Rights and Responsibilities* document.

## Need Additional Help?

You can access your claim information 24/7 at [www.mylowesbenefits.com](http://www.mylowesbenefits.com) by clicking the Leaves and Accommodation tile or by calling the Lowe's Disability, Leaves and Accommodation Service Center managed by Sedgwick at (855) 286-8980. If you have any questions, Sedgwick representatives are available Monday through Friday between 7:00 a.m. - 8:30 p.m. Central Time.



Scan this QR code with your smartphone camera to go straight to mylowesbenefits!

Thank you,  
Lowe's Disability, Leaves and Accommodation Service Center



# YOUR STEP-BY-STEP GUIDE

Phone: (855) 286-8980 | Web: [mylowesbenefits.com](http://mylowesbenefits.com) | Fax: (859) 280-4983 | Email: [LowesClaimInfo@sedgwick.com](mailto:LowesClaimInfo@sedgwick.com)  
Mail: PO Box 14671, Lexington, KY 40512

## Step 1 | Maintain Contact

**Lowe's Disability, Leaves, and Accommodation Service Center managed by Sedgwick and Your Manager:** Keep your manager and Sedgwick informed of your leave status. Contact Sedgwick at 855-286-8980 if you have any questions or need to make any changes to your leave.

## Step 2 | Complete the Included Forms

### Form(s) you need to complete

**Authorization to Seek Clarification or Authentication Form:** Sign and return the attached *Authorization to Seek Clarification or Authentication*. Signing and returning this form helps expedite your claim decision but is not required to process your leave. This form allows Sedgwick to communicate with the health care provider to seek clarification or authentication when necessary for your federal Family and Medical Leave Act (FMLA) state/local and/or company leaves. A hard copy is needed even if you electronically signed the authorization while filing your claim, because some providers may not recognize electronic authorizations.

**Leave Documentation:** Return document(s) that support your request for leave. Appropriate documentation may include a copy of the newborn child's birth certificate or other supporting documentation, which includes your name as the parent, your child's name and your child's date of birth. You should keep a copy for your records. Once we receive the information, we will inform you within five (5) business days if your leave will be designated as leave under the FMLA, state/local and company leave and count towards your entitlement. You are responsible for any fees charged for your documentation. If you do not return supporting documentation, your request for leave may be denied. A denial could result in your absence(s) being treated as unexcused and you may be subject to corrective action, up to and including the termination of your employment.

Your documentation is due no later than **February 18, 2025**.

### How to Return Your Documents:

**Upload:** [www.mylowesbenefits.com](http://www.mylowesbenefits.com) | **Email:** [LowesClaimInfo@sedgwick.com](mailto:LowesClaimInfo@sedgwick.com) | **Fax:** (859) 280-4983

## Step 3 | Helpful Reminders

**Reduction in Payment Amount:** Your benefit payment may be reduced by other sources of income which include, but not limited to, state paid family leave benefits. If receiving any other income, you must provide proof of the amount in the form of an award letter, pay stub or other documentation.

**Additional Resources:** Your packet includes information about additional programs and benefits available to you while on leave. Some of these, such as health insurance, may require your action. Resources are also available online by clicking [mylowesbenefits.com](https://mylowesbenefits.com).

## Step 4 | Plan Your Return to Work

**Notify Sedgwick and your Manager:** If the circumstances of your leave change and you are able to return to work earlier than expected, please notify us at least two workdays before you intend to work.

**Changes to Your Work Schedule:** Notify Sedgwick at [www.mylowesbenefits.com](https://www.mylowesbenefits.com) or by phone upon your return to work to provide your schedule for the week of your return if it differs from the schedule reported when you filed your claim.



# FMLA RIGHTS & RESPONSIBILITIES

Phone: (855) 286-8980 | Web: [mylowesbenefits.com](http://mylowesbenefits.com) | Fax: (859) 280-4983 | PO Box 14671, Lexington, KY 40512

## Basic Eligibility Criteria for the Family and Medical Leave Act (FMLA)

- You must have worked at your organization for at least 12 months (at the time your leave begins).
- You must have worked at least 1,250 hours at your organization during the 12-month period before your leave.

If you have requested a first day of absence in the future, eligibility will be determined as of that date. If the number of hours worked in the 12 months before your first day of leave is different than the number of hours verified as of the date of this letter, you may not be eligible for FMLA leave and an amended notice of eligibility and Rights & Responsibilities will be sent to you.

## If your leave qualifies under the FMLA, you will have the following rights and responsibilities while on leave:

- You have the right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as a “rolling” 12-month period measured backward from the date of any FMLA leave usage.
- Your health benefits must be maintained during any period of unpaid FMLA leave under the same terms and conditions as if you continued to work. You must be reinstated to the same job or an equivalent job with the same pay, benefits and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA).
- If you do 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 you to extended FMLA leave; 2) the continuation, recurrence, or onset of a serious health condition of a covered Servicemember’s serious injury or illness which would entitle you to extended FMLA leave; or 3) other circumstances beyond your control; you may be required to reimburse your employer for their share of health insurance premiums paid on your behalf during your FMLA leave.

## Health Benefit Deductions:

I - An Associate’s benefits will automatically be continued while on an FMLA leave unless the Associate elects otherwise. The maximum period an Associate may continue benefits during any absence is 180 days, unless otherwise required by state laws.

- a. Associates will be required to pay their portion of all group insurance premiums (medical, dental, vision, life, disability, pre-paid legal and Health FSA), if any, that they continue during the leave of absence.
- b. Associates on an unpaid leave of absence will be billed monthly at their home address for the Associate portion of the group insurance premiums by Lowe’s Benefit Service Center, managed by Alight Solutions. If timely payment is not made to Lowe’s Benefit Service Center, the Associate’s group insurance benefits will be cancelled. The Associate will be notified in writing in advance of the termination of benefits.
- c. The Associate will not be eligible for continuation of coverage through COBRA if their benefits are terminated for non-payment of premiums.
- d. If the Associate does not receive a statement from Lowe’s Benefit Service Center within four weeks, the Associate will need to call Lowe’s Benefit Service Center at 1-844-HRLOWES.
- e. If the Associate has questions concerning continuation of benefits while on leave, they should contact the Lowe’s Benefit Service Center at 1-844-HRLOWES.

*State Rights & Responsibilities are programmed inserts and will populate following this page of the packet, but only if a state policy applies to the case.*

II - If the Associate does not wish to continue insured benefits while on a leave of absence, they have 31 days to contact 1-844-HRLOWES to request a cancellation.

- a. The Associate will have the option to re-enroll in benefit plans upon return to active status. However, please note that re-enrollment in the life insurance and long-term disability insurance plan options are subject to approval by the applicable plan underwriter. The Associate will not have the option to re-enroll in long-term care insurance.
- b. The Associate's participation in the dependent care flexible spending account, if any, will be automatically suspended as of the start of the leave of absence. Upon return to active status the Associate may restart their dependent care FSA by visiting [mylowesbenefits.com](https://mylowesbenefits.com).

III - While on leave, your employee discount card will be in effect for a maximum of 90 days.

IV - Associates on certain qualified leaves of absence may continue to be eligible for a bonus. Please see the Bonus Program Guidelines section of the bonus plan document for details.

**Pay:** Lowe's allows you to substitute or use paid leave during your FMLA and/or State leave. This may include accrued sick, vacation, holiday or other paid leave as required per Lowe's leave policies. Any paid leave taken for this reason will count against your FMLA and/or State leave entitlement. If you wish to use accrued time off, please contact the Lowe's Disability, Leaves and Accommodations Service Center, managed by Sedgwick, at (855) 286-8980.

**Periodic Updates:** While on leave, you will be required to furnish periodic updates to the Lowe's Disability, Leaves and Accommodation Service Center of your status and intent to return to work.

*State Rights & Responsibilities are programmed inserts and will populate following this page of the packet, but only if a state policy applies to the case.*



# AUTHORIZATION TO SEEK CLARIFICATION OR AUTHENTICATION ON FMLA AND/OR STATE FMLA CERTIFICATION



**Employee Name: Rachel Nagle      Claim Number: C501290280700044TC**

In order to substantiate your leave request under the Family and Medical Leave Act (FMLA) and/or State FMLA, Sedgwick requires a health care provider certification ("FMLA Certification Form") to support your need for family and medical leave due to your own serious health condition or a family member's serious health condition. It is your responsibility to provide Sedgwick with a complete and sufficient certification. With your permission, once the certification has been submitted, the FMLA regulations allow Sedgwick, as the administrator of your employer's FMLA policy, to seek clarification from your health care provider if it is necessary to understand the meaning of a response or the handwriting on the medical certification.

I, Rachel Nagle, hereby authorize Sedgwick to make contact with my, or my family member's, health care provider for the purpose of seeking authentication of the document or clarification of the information contained in the document. This Release and Consent does not authorize the disclosure of: 1) the identification of past, present, or future physical or mental health, or conditions; 2) the diagnosis or treatment provided to me; 3) payment for the health care I received; or 4) genetic information. In addition, Sedgwick will not, nor does this Release and Consent authorize Sedgwick to, request information beyond that required by the FMLA Certification Form.


I understand, that I am responsible for signing any releases or authorizations required under the Health Insurance Portability and Accountability Act (HIPAA) or other laws which would authorize the health care provider to discuss my certification for leave and provide the clarifications requested.

I acknowledge that this authorization is voluntary, however if I choose not to provide Sedgwick with this authorization, and do not provide a complete and sufficient certification form Sedgwick may deny the taking of FMLA leave.

I further understand that I have the right to revoke this authorization at any time by providing written notice to Sedgwick at the following address:

PO Box 14671 Lexington, KY 40512

However, this authorization cannot be revoked if Sedgwick has taken action on this authorization prior to receiving written notice. I also understand that I have a right to have a copy of this authorization. This authorization is valid from the date of my signature below and shall expire one year from the date of this authorization.

  
\_\_\_\_\_  
Employee Signature      Date



We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice [www.sedgwick.com/privacy/](http://www.sedgwick.com/privacy/).



# CERTIFICATION OF NEWBORN, ADOPTION OR FOSTER CARE

Return to: Lowe's Disability, Leaves and Accommodation Service Center  
Fax: (859) 280-4983 | PO Box 14671 Lexington, KY 40512  
Email: [LoweClaimInfo@sedgwick.com](mailto:LoweClaimInfo@sedgwick.com) | Phone: (855) 286-8980

Employee Name: Rachel Nagle  
Claim Number: C501290280700044TC

## INSTRUCTIONS to the EMPLOYEE:

Please complete this section and provide supporting documentation for your leave. If we do not receive the information requested may result in a denial of your request for leave under the Family and Medical Leave Act (FMLA), applicable state leave laws, and/or company specific leaves.

It is your responsibility to ensure that the certification is provided in a timely manner.

### Name of child:

Adeline	M	
First	Middle Initial	Last

Date child was born or placed in home: 11 / 20 / 2024  
Month Day Year

Begin Date of Leave: 01 / 29 / 2025 Expected Last Day of Leave: 02 / 26 / 2025  
Month Day Year Month Day Year

A complete and sufficient certification to support a request for FMLA leave due to care for a newborn, newly adopted child, or a child placed in your custody for foster care includes written documentation confirming the child's coverage under FMLA. Please check one of the following:

☒ A copy of the newborn child's birth certificate or other proof of birth is attached.

☐ Documentation from a state agency or other legal authority indicating the full name of the adoptee which indicates you are the adoptive parent and the date of placement is attached.

☐ Documentation from a state agency or other legal authority indicating the full name of the foster child, that you are authorized by the state to provide foster care services and the date of placement is attached.

I certify that the information I provided above is true and correct.

	02/10/2025
Signature of Employee	Date



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## Paperless claims management

At Sedgwick, we are committed to caring — for our clients and their employees, for the communities where we live and work, and for the environment. To support that commitment, we continue to invest in paperless options for claims management — because paperless is easy and convenient for you, and good for our environment.

### mysedgwick

Our online claim management tool, mySedgwick, at [mylowesbenefits.com](http://mylowesbenefits.com), puts claim information and functionality at your fingertips, using any web-enabled device.

#### New user

- Log into [mylowesbenefits.com](http://mylowesbenefits.com)
- If you have a user name and password, enter it on the "Welcome" page; otherwise, click "New User" and follow the prompts to create your account
- On the homepage, select the "Leaves, Accommodations or Workers' Compensation with Sedgwick" link under "Resources"

#### With mySedgwick you can

- Report a new claim
- View or update your absence information/status
- Upload documents
- Electronically sign your release of information
- Report time for an intermittent absence
- Contact your case manager or access FAQs

Through mySedgwick, you can set your preferences to receive real-time text or email updates on your claim, keeping you "in the know" about your claim status.

### Speech-activated IVR system

Sedgwick makes it easy to access your leave, accommodation or disability claim information at any time with our speech-activated, self-service IVR system, which provides you a fast and convenient way to receive detailed claim information.

#### With the IVR you can

- Obtain the status of your most current disability claim, including the approved benefit period, the last medical update received and when the next medical report is due
- Report an intermittent absence on an existing leave
- Report your return to work date

Sedgwick's IVR is available 24 hours a day, seven days a week at:

**855-286-8980**



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# SENDING DOCUMENTS TO SEDGWICK

## Option 1 | Upload

- Visit [mylowesbenefits.com](https://mylowesbenefits.com) and upload your documents directly to your claim.
- Please allow at least 4 hours for documents to be visible in the system prior to confirming receipt.

## Option 2 | Fax

- Documents can be faxed to 859-280-4983.
- Ensure that your first and last name, your employee ID, and your claim number are easily visible on the first page.
- Please allow at least 4 hours for documents to be visible in the system prior to confirming receipt.

## Option 3 | Email

- Documents can be sent to [LowesClaimInfo@sedgwick.com](mailto:LowesClaimInfo@sedgwick.com).
- Documents must be sent as attachments, not inserted into the email body. Attachments should be formatted as JPG/JPEG, DOC/DOCX, GIF, HTM, HTML, PDF, RTF, or TIF, and total email size should be less than 20 MB.
- Ensure that your first and last name, employee ID, and your claim number are in the subject line of the email.
- Please allow at least 4 hours for documents to be visible in the system prior to confirming receipt.

## Option 4 | Mail

- Documents can be mailed to PO Box 14671, Lexington, KY 40512.
- Ensure that your first and last name, employee ID, and your claim number are on the first page of the document.



# Understanding the Parental Leave Process

## Initial Review

- Now that you have reported your disability claim and Sedgwick has reviewed the claim for eligibility, Sedgwick will get to work on processing your claim.
- Sedgwick will send your leader a notice letting them know we have received your claim request.

## Gathering Supporting Documentation\*

- You will need to provide documents that support your request for leave.
- If Sedgwick hasn't received the needed documentation within 13 calendar days, they will send you a reminder asking you to send the supporting documentation.
- Sedgwick will send you a message to let you know when they receive documentation for your claim.
- Documentation must be received no later than the deadline listed in this packet, or your request may be denied, and you will not be paid.

## Making the Claim Decision

- If no documentation is received by the due date, Sedgwick will deny your claim
- Sedgwick will review the documentation received within 2 business days of receipt
- Sedgwick will notify you and your leader of the claim decision within 1 business day of making the decision.

## Pay and Benefits

- Once your claim is approved, Sedgwick will send notice to your leader and payroll. Payroll will issue benefit payments.
- Timing of your benefit payments will be based on your pay cycle and when your notice of the claim approval has been received; Pay could be received up to a week following the claim decision
- You are eligible for parental leave if the birth/adoption, etc. occurs after 1 year of employment. All parental leave must be taken within 52 weeks of birth, adoption or placement.
- You are eligible for up to 4 weeks of paid parental leave, which must be taken in one week increments.
- You are eligible for up to 2 parental leave events in a calendar year, regardless of the number of births or adoptions during that timeframe.
- Parental Leave benefits are paid at 100% of your regular pay.
- Lowe's payments will be reduced by any payment received as part of eligible state paid benefit.
- Missed benefit deductions may go into arrears and be taken out of future checks.

Note: If you reside in a state with paid Family Leave, you should apply for that separately through the state. Your Lowe's benefit will be offset by the amount you could receive from the state. Once the state processes your claim, provide your state decision letter to Sedgwick so they can calculate your benefit correctly.

## Documentation

\*Appropriate documentation may include:

- Birth Certificate
- Hospital Certificate
- Adoption – adoption paperwork, including placement date
- Any other supporting documentation, which includes your name as the parent, your child's name and your child's date of birth.