



**PO Box 14869
Lexington, KY 40512**

Phone: 866-825-0186
Fax: 833-357-5153

May 2, 2024

JANICE HOLMES
4005 193RD STREET
COUNTRY CLUB HILL IL - 60478



Dear Janice,

Thanks for agreeing to let us ask for medical information from your healthcare provider(s). It'll help speed up the processing of your claim.

You gave your authorization over the phone . Attached is a copy of what you agreed to, so you have it in writing.

If you have questions or need help, visit <https://abilityadvantage.thehartford.com> or call us at 866-825-0186. We're here weekdays 8:00 AM to 8:00 PM ET.

Have a great day,

The Hartford

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.thehartford.com. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). The Hartford also provides administrative and claim services for employer leave of absence programs and self-funded disability benefit plans.

Completed Authorization for The Hartford to Request Protected Health Information



Authorization For The Hartford To Request Health Information Necessary To Process A Disability Claim Or Leave Request

Thank you for agreeing to let us ask for and receive medical information from your health care providers. You gave your authorization for that over the phone. This will help speed up the processing of your claim. Here's a copy, in writing, of what you agreed to.

1. Claimant Information (Information About Person For Whom This Authorization Is Requested.)

Last Name HOLMES		First Name JANICE	Middle Initial
Claim Number 44793882		Date of Birth 1/1/1965	Daytime Telephone Number (include area code) 708-979-5726
Street Address 4005 193RD STREET	City, State and ZIP COUNTRY CLUB HILL, IL 60478		

2. To help us get the information we need to process your disability claim or leave request, we'd like your permission to ask for your medical and claim information from others, such as your health care providers, benefit administrators, health insurance carriers, other insurers and your employer. Your permission will allow us to discuss this information with them if necessary.

This information could include diagnosis and treatment information. It could also include information about communicable diseases, and sexually transmitted diseases such as HIV/AIDS. It could also include information about genetic markers, chronic diseases, behavioral/mental health conditions, and alcohol and substance abuse.

3. We may share this information in order to coordinate benefits and work with other partners as stated below.

The information we get may be protected by law. The information we get using this authorization may be shared within The Hartford, with your benefit administrators, your employer, and with insurers and vendors. The Hartford will use and share the medical and claim information we get to evaluate, analyze, manage or administer a claim for disability benefits, request for leave, salary continuation, workers compensation, other health and welfare benefits, fitness for duty and other work accommodation offered through your employer's benefits program. Once we obtain or share your medical and claim information, it may no longer be protected by certain privacy laws. The Hartford will use and share the information as allowed or as required by law. If The Hartford is the administrator of your employer's self-insured disability program or your leave program, your employer is entitled to receive your records without your permission.

4. Expiration of this Authorization

This authorization is valid for one year from the date you gave your authorization over the phone. You can revoke your permission for us to obtain medical information at any time by faxing a letter to 833-357-5153 or mailing a letter to the address provided below. If you decide to revoke this permission, it won't have any effect on the actions we take before we get your letter. Your enrollment status and eligibility for benefits won't change if you revoke this permission. But, without this permission, it may take longer to review your eligibility for benefits.

05/01/2024

mm/dd/yyyy

through 05/01/2025

mm/dd/yyyy

THAA
(12-20)

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Please review important information on the reverse of this form.

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Employee Name

JANICE

Your signature reflects you understand and agree to the terms of the Authorization provided to The Hartford.

Signature of Member or Legal Representative

Janice Holmes

Date

05/01/2024

Print Name JANICE HOLMES

/Signed by Electronic Signature/

NOTICE TO RECIPIENT(S) OF INFORMATION (Section 2. above):

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. ***Please note that it is appropriate under GINA to provide family medical history when an employee is requesting leave to care for a family member.***

Return this completed form to:

**The Hartford
PO Box 14869
Lexington, Kentucky 40512**

**Telephone Number: 888-301-5615
Fax Number: 833-357-5153**

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Important notice regarding misrepresentation

For residents of all states EXCEPT Arizona, Alabama, California, Colorado, Florida, Kentucky, Maine, Maryland, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: 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.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

For Residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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.

For residents of Colorado: 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 award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Florida: 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.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance 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.

For residents of Maine, Tennessee, and Washington: 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 and denial of insurance benefits.

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

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

For residents of Ohio: Any person who, with intent to defraud or knowing he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: 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.

For residents of Oregon: 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 that the insurer relied upon is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

For residents of Pennsylvania: 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

For residents of Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

For residents of New York: 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.