 Apply for Short-term Disability (STD) Benefit or Request a Workplace Modification(s)

- If you are submitting medical documentation to determine your eligibility for benefits under the IBM Short-term Disability plan, or to request Workplace Modifications, and/or to provide confidential medical information for other reasons; please have your treating physician complete the attached Medical Treatment Report (MTR) form.

- **NOTE: Supplemental employees may use this form to request a work accommodation or absence related to a workplace injury or illness or absence related to substance abuse. This form should not be used to request time off work.**

- This form **is not** to be used for employees who are on an unpaid leave of absence or seeking unpaid time off under the Federal Family Medical Leave Act (FMLA) and/or comparable state leave laws or paid sick leave.

- This form **is not** to be used for California employees who are seeking a work accommodation. If you are a California employee seeking a work accommodation use the form provided here: https://w3.ibm.com/help/#/article/33462?section=Q18 If you are a regular non-supplemental California employee who is applying for STD and seeking a work accommodation, you must use this form for your STD application as well as the form provided above to request a work accommodation.

- Employees who are applying only for Family Medical Leave Act (FMLA) and/or comparable leaves of absence provided by state law for themselves or for a family member must have their Health Care Provider complete the form located at the following URL address:
- https://w3-01.ibm.com/hr/web/us/timeoff/loa/fmla.html

Employee is responsible for any costs of completion of this form and for ensuring its return to IBM Corporate Health & Safety (CH&S)

GINA Compliance
Notice

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.

This form, when completed, is to be provided to IBM Corporate Health & Safety only, and not under any circumstances given to a manager or Human Resources partner. The information on this form is confidential medical information and should be shared only with CH&S.

INCOMPLETE OR ILLEGIBLE FORMS, INCLUDING THOSE NOT SIGNED AND DATED, WILL NOT BE PROCESSED. THE MANAGER AND EMPLOYEE WILL BE NOTIFIED OF INCOMPLETE OR ILLEGIBLE DOCUMENTATION. IT IS THE EMPLOYEE'S RESPONSIBILITY TO CONTACT THE HEALTH CARE PROVIDER AND ENSURE RECEIPT OF THE REQUIRED INFORMATION

2018

MEDICAL TREATMENT REPORT (MTR) FORM IBM CONFIDENTIAL WHEN COMPLETED TO BE COMPLETED BY EMPLOYEE: Employee Name: ___Monika Chapati_____ Serial #:__1G2983_____ Division: ___DIV16_____

Job Assignment: _____In Search of a new Project _____

Date of Birth:_06151981_____ Age:_38____ Principle Work Location: _Atlanta__ Office ___ Home/Remote _Y__ Mobile_____

I authorize my health care provider (print name) __kp.org_____ to complete this form and to discuss this information with an IBM nurse and/or physician.

Employee Signature: ___Monika Chapati_____ Date: ___04/20/2020_____ ***Employee is responsible for any costs associated with the completion of this form and for ensuring its return to IBM CH&S (Corporate Health &Safety)***

TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

I. DIAGNOSIS(ES) & ICD 10 CODE(S) (if a mental health issue, complete this page and page 3):

_____ _____

_____ _____ EDC if pregnancy: _____

II. DETAILED TREATMENT PLAN: (specific medications prescribed, tests, lab studies, referrals, treatment modalities, surgery/dates, etc.)

_____

_____ _____ Date of Next Appointment: _____ **III. WORK ABILITY (Note: Job modifications are available in most cases)**

Is the employee able to work? Yes_____ No_____ **A. If "No", give start date of inability to work: _____, and estimated return to work date: _____**

Explain in functional terms why the employee is unable to work:

_____

_____ _____

_____ **PLEASE DO NOT COMPLETE SECTION III B. IF YOU ARE A CALIFORNIA EMPLOYEE REQUESTING JOB MODIFICATIONS. (Use the form provided here:** https://w3.ibm.com/help/#/article/33462?section=Q18 **B. If "Yes", does the employee require job modifications? Yes _____ No _____**

If "yes", give start date of modifications: _____ Estimated end date of modifications: _____ Specify job modifications requested:

_____

_____

___ IV.TREATING HEALTH CARE PROVIDER INFORMATION: (NOTE: This is a legal document. Signature and date are required.) Name (please print): _____

Specialty: _____ Signature: _____ Date: _____

Address: _____

_ Phone Number: _____ Fax Number: _____ **When completed and signed by health care provider, fax to 845-214-9681 or email a PDF version as an attachment to** meddocs@us.ibm.com **(IBM Corporate Health & Safety Center) or for assistance call 1-888-553-5752 option #2**.

IBM MEDICAL TREATMENT REPORT – PSYCHIATRIC IMPAIRMENT RATING (To be completed only for patients with psychiatric diagnosis)

Employee Name: _____ Serial Number: _____

I. LEVELS OF IMPAIRMENT: Please use the following rating numbers to specify the degree of impairment for each area of function noted in section II. Rating Impairment level: 0 No Impairment 1 Minimal Impairment 2 Mild Impairment 3 Moderate Impairment 4 Serious Impairment 5 Severe Impairment

II. AREAS OF FUNCTION Circle the numbers that describe the patients current condition, using the table above as a guide.

1. Activities of Daily Living 0 1 2 3 4 5 Self care and hygiene (dressing, bathing, eating, cooking) 0 1 2 3 4 5 Normal living postures/ambulation (sitting, lying, walking) 0 1 2 3 4 5 Travel (driving, riding, flying) 0 1 2 3 4 5 Non specialized hand activities (grasping, lifting, tactile discrimination) 0 1 2 3 4 5 Sleep (restful sleep pattern) 0 1 2 3 4 5 Social and recreational activities (consider pre-illness activities of the patient)

2. Social Functioning 0 1 2 3 4 5 Get along with others without behavioral extremes 0 1 2 3 4 5 Initiate social contacts, negotiate and compromise 0 1 2 3 4 5 Communicate clearly and effectively with others 0 1 2 3 4 5 Interact and actively participate in group activities

3. Thinking, Concentration, Persistence and Pace 0 1 2 3 4 5 Comprehend/follow simple commands 0 1 2 3 4 5 Apply common sense to carry out a task 0 1 2 3 4 5 Ask simple questions, request assistance when needed 0 1 2 3 4 5 Perform simple, routine, repetitive tasks 0 1 2 3 4 5 Ability to abstract or understand concepts 0 1 2 3 4 5 Maintain attention, concentration on a specific task and complete in a timely manner 0 1 2 3 4 5 Memory. immediate and remote 0 1 2 3 4 5 Judgment 0 1 2 3 4 5 Problem solving and conceptual reasoning ability 0 1 2 3 4 5 Perform daily tasks (including work) the patient performed prior to the injury or illness at a reasonable pace 0 0 1 2 3 4 5 Ability to initiate decisions and perform planned action

4. Adaptation to Stress 0 1 2 3 4 5 Perform activities on schedule, be punctual 0 1 2 3 4 5 Adapt to limits or standards 0 1 2 3 4 5 Manage

conflicts with others - negotiate, compromise 0 1 2 3 4 5 Set realistic goals, has good autonomous judgment **Overall Impairment Rating (0 to 5): _____ Date: _____**

Health Care Provider's Signature: _____Specialty: _____

When completed and signed by health care provider, fax to 845-214-9681 or email a PDF version as an attachment to meddocs@us.ibm.com **(IBM Corporate Health & Safety Center) or for assistance call 1-888-553-5752 option #2**.

Revised September 2018