



**Liberty Mutual Insurance**

HR Support Center  
175 Berkeley Street  
Boston, MA 02116  
877-LMG-HRSC (877-564-4772)  
(603) 559-9446 Fax

04/21/2017

Jeb Castelo  
14277 Camelot House Way  
Fishers, IN 46037

Dear Jeb,

The purpose of this letter is to provide you with more information about the Family Medical Leave (FML) rights and responsibilities that you have as a result of the Short-Term Disability (STD) absence that you began on 04/20/2017.

Liberty Mutual offers eligible employees up to thirteen weeks of FML during a rolling twelve month period to care for an employee's child after birth, adoption, or placement in foster care; for an employee's own serious health condition; or to care for a spouse, child, parent or domestic partner with a serious health condition.

Since you have at least one year of service and have worked at least 1250 hours during the last twelve months, you are eligible for FML. Consequently, your short-term disability absence counts toward your annual thirteen-week allotment of FML. I have enclosed the *FML Notice of Eligibility and Rights & Responsibilities* and the *FML Designation Notice* forms. These forms verify the purpose of your leave, indicate your expected return-to-work date (if known), and confirm the designation of short-term disability as family/medical leave.

You will not be required to submit a *Medical Certification* form provided you qualify for STD.

If approved, the Short-Term Disability Plan benefit pays 100% of weekly pay for the number of weeks equal to the number of your completed years of service. Thereafter, the benefit pays two-thirds of your weekly pay up to a maximum of twenty five weeks. Benefits begin on the eighth consecutive calendar day of disability.

**Note:** For full time sales employees, weekly pay is defined as your base rate of annual salary plus sales bonuses and/or commissions paid to you in the most recent 12-month period at the time you become disabled.

As a reminder, you must report your disability to the Disability Claim Telephone Reporting Service at 1-800-260-2170 no later than the fifth day absent from work. Attached is a copy of the *Authorization to Release Information* form you will need to sign and date and provide to Group Benefits at Liberty Life Assurance Co, PO Box 7206, London, KY 40742, or fax to 603-334-0401. This form allows your health provider to communicate and share information with the Disability Case Handler, who will administer your STD claim. Please ensure your physician submits medical documentation in a timely matter; failure to do so may result in a delay in pay.

Returning to work in the middle of a pay cycle may result in a delay of your next paycheck. For example, if you return to work the Monday before pay day, you will receive your next pay check on the following pay day, which will include three weeks' pay.

Enclosed for your convenience is the *Employee Reference: Short-Term Disability*. This guide provides an overview of the disability process and an important list of employee action items.

Your manager may be in contact with you periodically throughout your absence. Please let me know if you have any questions or concerns.

Sincerely,

**Fernanda Lima**

HR Support Center, Leave Team Associate | Liberty Mutual Insurance | 100 Liberty Way, Dover, NH 03820

SDN: 8-444-0232 | Tele: 857-224-0232 | Fax: 603-559-9446

[Fernanda.Lima@LibertyMutual.com](mailto:Fernanda.Lima@LibertyMutual.com)

**Attachments:**

FML Notice of Eligibility and Rights & Responsibilities (ER 447)

FML Designation Notice (ER 448)

*Employee Reference: Short-Term Disability*

Authorization to Release Information Form

## Notice of Eligibility and Rights & Responsibilities (Medical Leave)

Liberty Mutual employees with at least one year of service who have worked at least 1250 hours during the one-year period preceding the proposed leave are eligible by law (the Family Medical Leave Act or “FMLA”) and/or under Company policy to take: i) up to 13 weeks of unpaid family medical leave during a rolling 12-month period measured backward from the date of FMLA leave usage or ii) up to 26 weeks of unpaid family medical leave during a single 12-month period due to a serious injury or illness of a covered servicemember or veteran for family leave (collectively “medical leave”). Employees eligible for servicemember or veteran family leave are entitled to a total of 26 weeks of leave during a single 12-month period, which includes all other types of FMLA leave and/or company policy that may be taken. (Short-Term Disability and/or Workers' Compensation absences including any waiting period ordinarily will be classified as FMLA and will count toward the 13-week leave allocation for your own serious health condition.)

### **PART A - NOTICE OF ELIGIBILITY:**

**TO:**

**EMPLOYEE'S PIN #:**

**FROM:**

**DATE:**

On , you informed us that you needed medical leave beginning on  for:

- ☐ The birth of a child, or placement of a child with you for adoption or foster care;
- ☒ Your own serious health condition;
- ☐ Because you are needed to care for your ☐ spouse; ☐ child; ☐ parent; ☐ domestic partner due to his/ her serious health condition.
- ☐ Because of a qualifying exigency arising out of the fact that your ☐ spouse; ☐ son or daughter; ☐ parent; ☐ domestic partner; is on covered active duty or call to covered active duty status with the Armed Forces.
- ☐ Because you are the ☐ spouse; ☐ son or daughter, ☐ next of kin ☐ parent; ☐ domestic partner; of a covered servicemember or covered veteran with a serious injury or illness.

This Notice is to inform you that you:

☒ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

☒ Are eligible for leave under Company policy (see Part B for Rights and Responsibilities)

☐ Are not eligible for leave under FMLA and/ or Company policy, because (only one reason need be checked, although you may not be eligible for other reasons):

☐ You have not met the FMLA's and/or the Company's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately  months towards this requirement.

☐ You have not met the FMLA's and/or the Company's 1,250 hours-worked requirement.

#### PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING MEDICAL LEAVE

As explained in Part A, you meet the eligibility requirements for taking FMLA and/ or leave under Company policy and still have leave available under available under the FMLA and/or under the Company's policy in the applicable 12-month period.

**However, for us to determine whether your absence qualifies as medical leave, you must return the following to us**

by . The following information is required: (If sufficient information is not provided within 15 days, your leave may be denied.)

☐ Sufficient certification to support your request for medical leave. A certification form that sets forth the information necessary to support your request ☐ is/ ☐ is not enclosed.

☐ Sufficient documentation to establish the required relationship between you and your family member.

☒ Other information needed:

Information to your Disability Case Manager

☐ No additional information requested

**If your leave does qualify** as medical leave you will have the following **responsibilities** while on leave (only checked blanks apply):

#### **Your Benefits During Leave (If applicable)**

Your premium payments for health insurance, as well as other benefits, will continue during leave. You have agreed to the following arrangement for making premium payments:

**If the unpaid leave is 30 days or less:**

☒ Payroll will deduct the cost of benefits from your first paycheck following the leave.

**If the unpaid leave is more than 30 days:**

- ☐ Payroll will deduct the cost of benefits for the entire period from your last paycheck before the leave begins.
- ☒ You will be billed at home. Payment will be due within 30 days of the billing date. If you fail to pay on time, your benefits may be cancelled.

**If the FMLA leave is covered by paid Workers' Compensation:**

- ☐ You will be billed at home. Payment will be due within 30 days of the billing date. If you fail to pay on time, your benefits may be cancelled.

**If the FMLA is covered by paid disability benefits or statutory disability benefits:**

- ☒ Payroll will deduct the cost of benefits from your disability check(s).

**If your leave does qualify** as FMLA and/or leave under Company policy you will have the following **responsibilities** while on leave:

- ☒ While on leave you may be required to furnish us with periodic reports of your status and intent to return to work every 30 days.
- ☐ If the circumstance of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two workdays prior to the date you intend to report to work.

**If your leave does qualify** as FMLA and/or Company leave you will have the following **rights** while on leave:

- You have a right under the FMLA for up to 12 weeks (13 weeks under Liberty Mutual's leave policy) of unpaid leave in a 12-month period calculated as:
  - ☐ the 12-month period measured forward from the date of your first medical leave usage.
  - ☒ a "rolling" 12-month period measured backward from the date of any medical leave usage.
- You have a right under the FMLA and or the Company's leave policy for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember or covered veteran with a serious injury or illness. This single 12-month period commenced on .
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same 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 FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember' or veteran's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances

beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

- You have the right to have flexible time off (FTO) and/or personal holiday (PH) run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced in the Employee Handbook. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid medical leave.

Once we obtained the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA and/or Company leave and count towards your leave entitlement. If you have any

questions, please do not hesitate to contact: **Fernanda Lima** at **857-224-0232**

## Designation Notice (Family and Medical Leave Act)

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Liberty Mutual employees with at least one year of service who have worked at least 1250 hours during the one-year period preceding the proposed leave are eligible by law (the Family and Medical Leave Act or “FMLA”) and/or under Company policy to take: i) up to 13 weeks of unpaid family medical leave during a rolling 12-month period measured backward from the date of FMLA leave usage or ii) up to 26 weeks of unpaid family medical leave during a single 12-month period due to a serious injury or illness of a covered servicemember or veteran for family leave (collectively “medical leave”). Employees eligible for servicemember or veteran family leave are entitled to a total of 26 weeks of leave during a single 12-month period, which includes all other types of FMLA leave and/or company policy that may be taken. (Short-Term Disability and/or Workers' Compensation absences including any waiting period ordinarily will be classified as FMLA and will count toward the 13-week leave allocation for your own serious health condition.)

TO:

EMPLOYEE'S PIN #:

DATE:

We have reviewed your request for leave under the FMLA and/or Company Policy and any supporting documentation that you have provided.

We received your most recent information on  and decided:

☐ Your leave request is approved. All leave taken for this reason will be designated as: ☐ FMLA ☐ Company leave.

☒ Your FMLA and Company leave is approved pending the approval of your Short-Term disability or Workers' Compensation absences.

The FMLA and the Company requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

☐ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement:

☒ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA and/or Company leave entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

**Please be advised (check if applicable):**

- ☒ If you request to use paid leave (Flexible Time Off and/or Personal Holiday time) during your leave, any paid leave taken for this reason will count against your leave entitlement.
- ☐ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position ☐ is ☐ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.
- ☐ **Additional information is needed to determine if your FMLA and/or Company leave request can be approved:**
- ☐ The certification you have provided is not complete and sufficient to determine whether the FMLA and/or Company leave applies to your leave request. You must provide the following information no later than , unless  
(Provide at least seven calendar days)

it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

*(Specify information needed to make the certification complete and sufficient)*

- ☐ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.
- ☐ Your FMLA leave request is Not Approved.
- ☐ Your Company Leave request is Not Approved.
- ☐ The FMLA leave and/or Company leave does not apply to your leave request.
- ☐ You have exhausted your FMLA leave and/or Company leave entitlement in the applicable 12-month period.





# Employee Reference: Short-Term Disability (STD)

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## About this Guide

This guide outlines the steps you will need to take when you go out on a Short-Term Disability. For the complete policy, refer to the [Employee Handbook: Disability](#) in the Employee Center web site.

For complete plan information, refer to the [Short-Term Disability Summary Plan Description](#) located in the Compensation & Benefits section of the Employee Center. For additional information on state-specific leaves, questions on policies, and/or items not covered in this document, contact the HR Support Center.

If you plan to use Family Medical Leave (FML) immediately following a Short-Term Disability absence, speak with your HR Support Center Representative for additional guidance.

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## Overview of Roles

Employee	Manager	HR Support Center	Disability Unit
<ul style="list-style-type: none"><li>▪ Notifies Manager of absence</li><li>▪ Initiates disability process with Group Benefits Disability Unit</li><li>▪ Completes and submits all necessary paperwork</li></ul>	<ul style="list-style-type: none"><li>▪ Ensures employee has appropriate resources</li><li>▪ Sends notification of employee absence to the HR Support Center</li><li>▪ Works with HR Support Center to arrange the return to work process</li></ul>	<ul style="list-style-type: none"><li>▪ Provides guidance on policy and procedure</li><li>▪ Provides claim status updates to Manager</li><li>▪ Updates Liberty Gateway and Time Management</li><li>▪ Works with Manager to arrange return to work process</li></ul>	<ul style="list-style-type: none"><li>▪ Manages disability claim</li><li>▪ Provides updates to the employee and HR Support Center</li></ul>

## Employee Action Items

<b>Initiating Short-Term Disability</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Notify your Manager of your absence.</li> <li><input type="checkbox"/> If you anticipate you will be out of work for eight or more consecutive calendar days, call the Disability Claim Telephone Reporting Service at 1-800-260-2170. A Disability Case Manager will be assigned to your case and will work with you throughout the life of your claim.</li> <li><input type="checkbox"/> Work with your treating physician to ensure that you provide all necessary paperwork to the Disability Unit in a timely manner.</li> <li><input type="checkbox"/> Contact the HR Support Center to: <ul style="list-style-type: none"> <li>- inquire about requesting Short-Term Disability</li> <li>- initiate Short-Term Disability paperwork and forms</li> <li>- review the process and discuss any questions</li> </ul> <p><b>Note:</b> <i>The HR Support Center Representative will send all applicable paperwork, code the wait period in Time Management and update your employee status in Liberty Gateway. If you do have enough FTO or Personal Holidays to code the wait period, the remaining time will be coded as either Family Medical Leave (FML) or Unpaid Leave, dependent upon your FML eligibility.</i></p> </li> <li><input type="checkbox"/> Review your personal phone numbers and street address in Liberty Gateway. Make updates when necessary to ensure the HR Support Center and your manager can contact you if you are out of the office.</li> </ul>
<b>If Short-Term Disability Benefits are Approved</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> You will receive notice of approval from the Disability Unit. Take note of the indicated return to work date provided by the Disability Unit. <p><b>Note:</b> <i>The return to work date may change.</i></p> </li> <li><input type="checkbox"/> Discuss return to work plans with your Manager and HR Support Center Representative.</li> </ul>
<b>If Short-Term Disability Benefits are Denied or Cease</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> You, your Manager, and the HR Support Center Representative will discuss options on how your time away from work will be coded. The HR Support Center Representative will code the absence in Liberty Gateway and/or Time Management. <p>You may be eligible for an unpaid leave under FML. The HR Support Center Representative will discuss the process in detail with you if this is an appropriate option.</p> <p><b>Note:</b> <i>Your pay may be impacted if there is a delay in providing medical information to the Disability Unit. In the event of a denied Short-Term Disability, your manager and HR Support Center Representative will contact you to discuss the overpayment of STD bridge pay and repayment process.</i></p> </li> <li><input type="checkbox"/> Discuss return to work plans with your Manager and HR Support Center Representative.</li> </ul>

<b>When You Return to Work</b>	<input type="checkbox"/> Upon your return to work, your Manager will notify the HR Support Center Representative.
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## Additional Resources

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- [Employee Handbook: Disability](#) – *Policy on disability leaves.*  
Location: myLiberty > Employee Center > Employee Handbook > Time Off > Disability
- [Short-Term Disability Summary Plan Description](#) – *Detailed description of the Short-Term Disability Plan.*

Location: myLiberty > Employee Center > Compensation & Benefits > Benefits > Insurance Plans > Disability> Short-Term Disability Summary Plan Description

Location: myLiberty > Employee Resources tab >Employee Center > Compensation and Benefits > Benefit Plans > Disability Plans

## Questions & Answers

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### 1. When will I be paid when I am on disability status?

Payment is issued for disability claims through an authorization from your Disability Case Manager and will be paid on the regularly scheduled payday, when possible. Authorization depends upon submission of supporting medical documentation from your treating physician. You should work closely with your case manager to be sure they receive all required documentation and so payment can be issued.

### 2. What if I am on disability and do not get a paycheck?

First, verify with your Disability Case Manager that all required documentation has been received. Your case manager can tell you when payment will be issued and how many days the payment will represent.

### 3. What is STD Bridge Pay?

STD Bridge Pay is a courtesy advance from Liberty Mutual Insurance while you wait for the disability carrier to authorize payment for your disability claim. Bridge Pay is usually offset by your authorized STD payment after approval is received. Once an authorized disability payment is sent to Payroll, the STD Bridge Pay will automatically be paid back through deductions in any subsequent pay you receive.

### 4. Am I eligible to receive Bridge Pay?

Liberty Mutual may provide up to five days of STD Bridge Pay to full-time employees starting a STD claim; part-time employees are not eligible. If you have an existing uncollected Bridge Pay balance, any future bridge payments may be reduced accordingly.

In the event you have filed a Workers' Compensation claim which has been denied, and are now filing for STD for the same time period, you will not be issued bridge pay for your STD claim.

### 5. What if I am not approved for disability? What will happen to my benefits?

If your claim is denied, or your STD benefits are not adequate to cover all of your deductions, you will receive a bill at your home. Any uncollected benefit deductions will be deducted from your paycheck when you return to work, depending on the length of your absence.

**6. I was on disability, why am I overpaid?**

Liberty Mutual may provide STD Bridge Pay, which represents your estimated STD benefit for up to five days while you wait to receive authorization on your disability claim. If the Disability Unit does not receive authorization within that timeframe, an overpayment will occur. This will also happen if you receive Workers' Compensation, or an offset, such as state provided disability benefits. The overpayment details and any applicable offset will be communicated directly to you via a letter from Payroll or verbally from your Disability Case Manager.

**7. I received a disability check from Payroll with a line item for "Salary Adjustment." What is this and why is it a negative amount?**

In the event your absence was not reported in a timely manner, you may have received regular pay for a period of time that should have been covered by disability. Once the disability authorization is received, Payroll must correctly categorize the money you received as Disability. This is accomplished by creating a "negative" salary adjustment amount and offsetting it by a positive Disability amount or by a line item represented as STD Bridge Pay.

**8. I returned to work this week, why did I not receive a paycheck on payday?**

If you return to work more than five business days into the pay period, the payment will be attached to the next regular pay cycle as a salary adjustment.

**9. What is a STAT check?**

STAT checks are issued directly from the Disability Unit for certain statutory plans on behalf of the state. Please refer further questions regarding these payments to your Disability Case Manager.

**10. Why am I not getting my full salary?**

Your STD benefit is calculated by the Disability Unit. The company policy states:

*The Short-Term Disability Plan benefit is 100% of weekly pay for as many weeks as the number of completed years of service. Thereafter, the benefit is two thirds of your weekly pay up to a maximum of 25 weeks. Benefits begin on the eighth consecutive calendar day of disability. (You use Flexible Time Off or Personal Holidays to continue your pay during the first five days you are away from work, if you have this time available.) Please refer to the Short-Term Disability Summary Plan Description for the definition of "weekly pay."*

**11. If I am overpaid, how does Payroll calculate how much will be deducted from my paycheck?**

The amount that will be deducted from one or more pay periods will vary based on the amount of overpayment and the number of days the overpayment represents. Payroll will also take relevant state wage and hour laws into consideration when deducting overpayment amounts.

**12. How do I initiate my claim?**

Initiate your claim by calling the Disability Claim Telephone Reporting Service at the toll-free number, 1-800-260-2170. If you are hearing impaired and have a TDD system, you may elect to call the following AT&T Relay Service number, 1-800-855-2880. You may print a copy of the Authorization to Obtain and Release Information form. Sign the authorization and provide to your physician.

**13. How do I change my preference on the Your Total Rewards web site from my work email to my home email or from email to US Postal mailing?**

You may wish to change your method of receiving Flexible Benefits Program, Thrift-Incentive Plan, and/or Retirement Plan correspondence. You may make this change on the Your Total Rewards (<http://resources.hewitt.com/libertymutual/>) web site. Select Personal Data and then Preferences within the Address section, and then update your home email or U.S. Mail address.

## **HR Support Center**

Web – <https://hrsupportcenter.lmig.com>  
Phone - 1-877-LMG-HRSC (1-877-564-4772)  
Email - [HRSupportCenter@LibertyMutual.com](mailto:HRSupportCenter@LibertyMutual.com)  
Fax – 603-559-9446



**Authorization to Obtain and Release Information  
(Excluding Psychotherapy notes)**

EMPLOYEE NAME <u>Jeb Castelo</u>	CLAIM NO: <u>3794894</u>
EMPLOYER/SPONSOR/CUSTOMER NAME <u>Liberty Mutual Insurance</u>	
RETURN TO: Liberty Life Assurance Co, PO Box 7206, London, KY 40742 - Fax: 603-334-0401	

I **authorize** any licensed physician, health care professionals, hospital, clinic, pharmacy, other medical or medically related facility, rehabilitation professional; vocational evaluator; government agency including the Social Security Administration and Veterans Administration, insurance or reinsurance company, credit or consumer reporting agency, financial/educational institutions and any current or former employer to release any and all of the following information to the particular Company in the Liberty Mutual Group of companies to which I am submitting claim, or to its legal representative, or to the Plan Sponsor (if Self-Insured Plan), or to persons or other organizations providing claims management services:

1. Medical information with respect to any physical or mental condition and/or treatment of me, including confidential information regarding AIDS/HIV infection, communicable diseases, alcohol and substance abuse, and mental health **(excluding psychotherapy notes)**.
2. Information with respect to: job duties, earnings, employment applications, personnel records, and other work related information; records and information related to any insurance coverage and claims filed; credit information including, but not limited to, credit reports and credit applications; other financial information including bank records; complete copies of Federal and State tax returns; including attachments; and academic transcripts.
3. Information concerning Social Security benefits, including, but not limited to, monthly benefit amounts, monthly Supplemental Security Income payment amounts, entitlement dates, information from my Fact Query, and any benefits to which my dependents may be eligible under my record.

I **understand** the Company or Plan Sponsor will use the information obtained under this Authorization or directly from me to determine eligibility for insurance benefits, which may include assessing ongoing treatment. Any information obtained will not be released to any person or organizations EXCEPT to the Plan Sponsor, reinsuring companies, other companies in the Liberty Mutual Group of companies to which I am submitting a claim, Employee Assistance Programs (EAP) or other disease management or assistance programs providing services to the Plan Sponsor and/or to the Company, persons or other organizations providing claims management and claim advisory services to the Plan Sponsor and/or to the Company, the Group Policyholder and its agents/vendors for purposes of auditing the Company's administration of claims under the policy and/or assessing statistical claim data related to its benefit programs, persons or organizations providing medical treatment or services in connection with my claim, or as may be otherwise permitted or required by law. I also understand that, to the extent reasonably necessary, information obtained may be released to other insurance companies or insurance support organizations to detect or prevent criminal activity, fraud, material misrepresentation, or material non-disclosure in connection with insurance transactions.

I understand that this authorization is valid for two years from the date appearing below with my signature. I understand that I have a right to request and receive a copy of this authorization. I understand that I have the right to revoke this Authorization at any time by notifying the Plan Sponsor and/or the Company in the Liberty Mutual group of companies for which I submit a claim. If I do not sign this authorization or if I alter or revoke it, Liberty may not be able to evaluate my claim(s), which may lead to my claim(s) being denied. I understand that revocation will not apply to any information that is requested prior to Liberty receiving notice of revocation.

Jeb Castelo  
Claimant Name ( Print)  
*Jeb Castelo*  
Claimant Signature  
3794894

7/18/1977  
Date of Birth  
4/25/2017  
Date

Claim Number: \_\_\_\_\_

