

FILE A CLAIM OR REQUEST A LEAVE WITH CONFIDENCE



ORACLE

ORACLE AMERICA, INC.

Your disability and leave management programs are managed by The Hartford.

Policy Numbers:

684033 - Paid Family Leave
684034 - CA Disability
697064 - Non-CA Disability
624512 - NY Disability
297382 - HI Disability

THE HARTFORD MAKES IT EASY TO FILE A CLAIM OR REQUEST LEAVE

Step 1: Know when it's time to file a claim or request a leave

If you're absent from work, we can advise you on when to file a claim or request a leave. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

Step 2: Have this information ready.

- Name, address and other key identification information
- Name of your department and last full day of active work
- The nature of your claim or leave request
- Your treating physician's name, address, phone and fax numbers
- Your manager's or HR representative's name and phone number.

Step 3: Make the call

With your information handy, call The Hartford at 1-866-747-4868 you'll be assisted by a caring professional who'll take your information, answer your questions and file your claim or process your leave request.

(Cut along the dotted line and keep in your wallet.) ✂

TO FILE A CLAIM OR REQUEST LEAVE

1-866-747-4868
M-F, 8 a.m. to 8 p.m., ET

If you're absent from work, we can advise you on when to file a claim or request a leave. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.



continued





HOW TO FILE A CLAIM OR REQUEST A LEAVE

GET SUPPORTIVE ASSISTANCE

Even after your claim has been filed or you have requested a leave, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle-free experience until you return to work. Feel free to also contact us with anything that's on your mind. We're here to help.

RELAX AND STAY POSITIVE

You have the assurance of our knowledge, experience and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

QUICK FACTS

The Hartford's goal is to help get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We'll be there when you need us.

FOR MORE INFORMATION, PLEASE CONTACT THE HARTFORD'S
TOLL-FREE NUMBER 1-866-747-4868



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Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

Policy numbers include: 684033, 684034, 697064, 624512, 297382

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WHEN YOU CALL, THE HARTFORD WILL ASK YOU TO PROVIDE:

- Name, address and other key identification information.
- Name of your department and last full day of active work.
- Your treating physician's name, address, phone and fax numbers.
- The nature of your claim or leave request
- Your manager's or HR representative's name and phone number.

This card is not proof of insurance.