

Sedgwick Claims Management Services, Inc.
PO BOX 14648
Lexington, KY 40512

September 26, 2022

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JPMORGAN CHASE & CO.



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September 26, 2022

Hello Matthew Bobus:

JPMorgan Chase Leave of Absence Service Center 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 should expect a decision on your request within 5 business days.

- **Your Case Number:** 4A2209Q5MLX0001GI
- **Your Time Away Begins:** September 26, 2022
- **The Reason For Your Leave:** your own serious health condition

What Do You Need to Do Now?

Go to your **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 **October 16, 2022**.

Eligibility for Leave of Absence

If your first day of absence is in the future, we will review your eligibility again at the start of your leave.

- 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.

Reasonable Accommodations

JPMorgan Chase Leave of Absence Service Center is committed to providing reasonable accommodations to help employees with a disability perform their essential job functions. If you are an individual with a physical or mental impairment that impacts your ability to do your job, you may be eligible for a reasonable accommodation as defined under the Americans with Disabilities Act (ADA).

Need additional help?

You can access your claim information 24/7 at www.mysedgwick.com/jpmc or by calling JPMorgan Chase Leave of Absence Service Center at (888) 931-3100. If you have any questions, JPMorgan Chase Leave of Absence Service Center representatives are available Monday through Friday between 8:00 a.m. - 8:00 p.m. Eastern Time.

Thank you,

JPMorgan Chase Leave of Absence Service Center

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YOUR STEP-BY-STEP GUIDE



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Phone: (888) 931-3100 | Web: mysedgwick.com/jpmc | Fax: (855) 800-5116 | PO BOX 14648, Lexington, KY 40512

Step 1 | Stay In Touch!

JPMorgan Chase Leave of Absence Service Center and Your Manager: Keep your manager and JPMorgan Chase Leave of Absence Service Center informed of your leave status. Contact JPMorgan Chase Leave of Absence Service Center at (888) 931-3100 if you have any questions or need to make any changes to your leave.

Step 2 | Complete Required Forms

Authorization to Seek Clarification or Authentication Form: Sign and return the attached *Authorization to Seek Clarification or Authentication*. While not required, this form allows the JPMorgan Chase Leave of Absence Service Center to expedite the approval of your leave and communicate with the healthcare provider to seek clarification or authentication when necessary for your federal Family and Medical Leave Act (FMLA) state/local FML and/or company leaves.

Leave Documentation: Ask your doctor to complete the enclosed Health Care Provider Certification form and send it to us no later than **October 16, 2022**. Please keep a copy for your records. Once we receive the completed form, we will inform you within five (5) business days if your leave will be under the FMLA and/or State leave law and count towards your entitlement. You are responsible for paying any costs that your doctor may charge for filling out the certification form. If you do not return this form along with any supporting documentation by **October 16, 2022**, 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, including the termination of your employment.

How to Return Your Documents:

Upload: mysedgwick.com/jpmc | Email: Leavedoc@sedgwick.com | Fax: (855) 800-5116

Step 3 | Helpful Reminders

Changes to Your Leave: If you need to make any changes, please contact JPMorgan Chase Leave of Absence Service Center.

Intermittent Absence Time Reporting: You are required to report all absences according to your attendance policy. In addition, you are required to report your intermittent absences, whether full or partial days, within 2 business days of the absence to the JPMorgan Chase Leave of Absence Service Center. You can report intermittent absences by:

- Submitting your intermittent absence online at mysedgwick.com/jpmc or
- Calling the JPMorgan Chase Leave of Absence Service Center Absence Reporting Line at (888) 931-3100, selecting "Option 2" and saying "Absence" or pressing "Option 2"
- **Do not report absence time for unpaid lunch or voluntary overtime.**
- **Changes to Your Work Schedule:** Notify JPMorgan Chase Leave of Absence Service Center at mysedgwick.com/jpmc or by phone if you have any mandated overtime or changes in your work schedule. For example, if your work schedule changes week to week, let us know your schedule for any weeks you take leave.

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RIGHTS & RESPONSIBILITIES



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Basic Eligibility Criteria for the 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.

Pay: You will be required to use your available sick, vacation, and/or other leave during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

Periodic Updates: While on leave, you will be required to provide periodic updates to JPMorgan Chase Leave of Absence Service Center of your status and intent to return to work.

HEALTH CARE PROVIDER CERTIFICATION FOR EMPLOYEE'S OWN CONDITION

Return to JPMorgan Chase Leave of Absence Service Center
Email: LeaveDoc@Sedgwick.com Fax: (855) 800-5116 | PO Box 14648 Lexington, KY 40512
Phone: (888) 931-3100

Employee Name: Matthew Bobus
Claim Number: 4A2209Q5MLX0001GI
Due Date: 10/16/2022

INSTRUCTIONS to the EMPLOYEE:

Give this form to your healthcare provider. The Family and Medical Leave Act (FMLA) permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. Your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

INSTRUCTIONS to the HEALTH CARE PROVIDER:

Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of the condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

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.

National Provider Identifier (NPI): _____

Provider's name: _____

Business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax: (_____) _____

Employee Name: Matthew Bobus
Case Number: 4A2209Q5MLX0001GI

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Provide your **best estimate** of how long the condition lasted or will last: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

___ No ___ Yes

If yes, dates of admission: _____

Date(s) you treated the patient for condition, including telemedicine visits conducted by video conference:

Will the patient need to have treatment visits at least twice per year due to the condition? ___ No ___ Yes

Was medication, other than over-the-counter medication, prescribed? ___ No ___ Yes

Was the patient referred to any other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

___ No ___ Yes

If yes, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ___ No ___ Yes If so, expected delivery date: _____

3. For the following question, use the job information provided by the employer. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ___ No ___ Yes

If yes, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

NOTE: In California and Connecticut, do not disclose the underlying diagnosis unless you have received consent from the patient.

Employee Name: Matthew Bobus

Claim Number: 4A2209Q5MLX0001GI

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☐ Yes

If yes, estimate the beginning and ending dates for the period of incapacity: _____ through _____

6. Will the employee need to work part-time or on a reduced schedule because of the employee's medical condition? ☐ No ☐ Yes

If yes, are a reduced number of hours of work medically necessary? ☐ No ☐ Yes

Estimate the part-time or reduced work schedule the employee needs, if any: _____ hour(s) per day; _____ days per week

Estimate the beginning and end date of the part-time or reduced work schedule: _____ through _____

7. Will the employee need to attend follow-up treatment appointments because of the employee's medical condition?

☐ No ☐ Yes

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period (e.g. 1 appointment every 3 months, and requires 1 day of recovery per appointment):

Frequency: _____ appointment(s) every _____ week(s) **or** _____ month(s)

Duration: _____ hours **or** _____ day(s) per appointment

Estimate the beginning and end date of the follow-up treatment appointments: _____ through _____

8. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☐ No ☐ Yes

Is it medically necessary for the employee to be absent from work during the flare-ups? ☐ No ☐ Yes

If yes, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) **or** _____ month(s)

Duration: _____ hours **or** _____ day(s) per episode

Estimate the beginning and end date of the episodic flare-ups: _____ through _____

What are the disabling side effects the employee may experience due to the treatment?

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date

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



Employee Name: Matthew Bobus Claim Number: 4A2209Q5MLX0001GI

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, Matthew Bobus, 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 either 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 14648, 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.



What You Should Know While On Leave

Learn how certain benefits will be impacted during your leave.



Your Health care and Insurance Benefits

While on **paid** leave your payroll contributions for your elected health care and insurance coverage — such as medical, dental, vision, life insurance and disability — will continue. If your leave is **unpaid** or is paid by a source other than JPMorgan Chase payroll (i.e. statutory leaves) you must pay your premiums independently to maintain your elected health care and insurance coverage. You will receive a direct bill invoice from *Alight Solutions*, the Benefits Administration vendor, to let you know how to make your benefit premium payments.

Note: If you are on a non-disability, paid or unpaid leave that extends beyond 16 weeks, your LTD Plan payroll contributions and LTD coverage will end. If your LTD is company paid (your Total Annual Cash Compensation (TACC) is less than \$60k), your coverage will be automatically reinstated when you return from leave. If you pay for your LTD coverage (those earning more than \$60K TACC), and your coverage is cancelled, you will need to re-elect LTD coverage and satisfy Evidence of Insurability (EOI) before your coverage will be reinstated. LTD coverage must be elected within 31 days of your return from leave.

Your Spending Accounts



Dependent Care Spending Account (DCSA): Your contributions will be **cancelled** during your leave (paid or unpaid). You will need to re-enroll within 31 days of your return from leave.

Health Care Spending Account (HCSA): If you are on a **paid leave** your contributions will continue through the end of the current calendar year. If you are on an **unpaid leave** you will receive a direct bill invoice from *Alight Solutions*. If your leave (paid or unpaid) crosses over into the following calendar year, you will need to re-enroll within 31 days of your return from leave.



Transportation Spending Account (TSA): Your contributions will be **cancelled** during your leave (paid or unpaid). Once you return from leave, you will need to re-enroll. Updates to your elections are effective as of the first of the month for the next month's expenses (i.e., April deductions for May expenses). If you have any questions, please contact WageWorks at 1-877-924-3967 at any time.



Your 401(k) Savings Plan

Your before-tax and/or Roth 401(k) contributions will continue under the 401(k) Savings Plan from eligible compensation paid by JPMorgan Chase while you are on a paid leave. You may change your 401(k) contribution elections at any time. If your pay while on leave is reduced to 60% of base pay (per the terms of the Short Term Disability Plan), your contributions and any associated JPMorgan Chase matching contributions and automatic pay credits (if eligible) will be based on your eligible compensation paid by JPMorgan Chase during this time. While you are on an unpaid leave or long-term disability, you will not be eligible for before-tax/Roth contributions, nor will you accrue matching contributions or automatic pay credits.

If you do not have enough pay to cover your entire 401(k) contribution(s), no contribution will be withheld.

If you receive state leave benefits, your 401(k) contributions may be impacted. **For more information on the effect of state-specific paid leave benefits on your 401(k) eligible compensation, please refer to the 401(k) Savings Plan Call Center.**

If you have an outstanding 401(k) loan, please call the 401(k) Savings Plan Call Center at 866-JPMC401k (866-576-2401) or the TTY number 800-345-1833. Service Representatives are available from 8 a.m. to 10 p.m. Eastern Time, Monday through Friday, except certain U.S. holidays.

We are here for you

with **mysedgwick**

We're making the claims process easier with mySedgwick, our secure online self-service tool. Log in from your phone, tablet, laptop or web-enabled device to get secure, real-time access to important claims information. With mySedgwick, all the information you need is just a click away.



Log in using the following link:
www.claimlookup.com/jpmc

You will be taken to the SSO login page where you will need to enter the following:

- Your employee SID#
- SSO password



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Let's get started



sign up here

Get the information you need, when you need it. Sign up for electronic communications and receive texts or emails about important claim events. Employees can also sign up for direct deposit making it easy to receive their benefit payments.



notifications

Access helpful hints and reminders about the status of a claim including the name of the assigned examiner.



exchange information

Securely upload documents, provide medical authorization, submit a return to work date — no fax or mailing required.



activity stream

Follow the progress of a claim with this event timeline.



communications

Communicate with your examiner without even picking up the phone.



got questions?

The learning center has answers with videos, FAQs, links and more.