

### About This Guide

The links and functionality described in this guide are based on the assumption that you have logged into the secure portal and are on the Employee Homepage.

### Introduction

Report a new Claim or Leave functionality allows you to submit a disability claim or leave of absence online. This feature can be accessed by selecting **Report a New Claim or Leave** on the Employee Homepage.



**I want to...**

- Report a New Claim or Leave**
- View Status**
- Complete Evidence of Insurability**
- Name or Change My Beneficiaries**
- Report Intermittent Absence**
- Request an Accommodation**
- Report a Birth**

NOTE: Your homepage may look slightly different than the image above.

## Getting Started

Before you get started, please keep the following in mind:

- To change the language to Spanish, click *En Espanol* in the top right-hand corner of the page.
- For added security the portal has a 20-minute timeout feature.
- The **Continue** and **Back** buttons need to be used to navigate to different pages.
- **Save for Later** provides the ability to save the information entered so you may return to your claim or leave submission at a later date. The applications are saved for 30 days.

When submitting a claim or leave, you will need to have the following information available.

- Information to identify yourself (may include your Social Security number or other ID as required by your employer)
- Claim or leave information, including reason and dates of medical or other authorized events
- Physician or hospital contact information (if available)

## Get Started Page

The 'Get Started' page provides basic information about the online application. Select **Start** to navigate to the About You page. If you have a previously saved absence, select **Open Your Saved Application**.

### Report a Claim or Leave of Absence [Get Help](#)

**A message from your employer:**

If you are submitting a New York Paid Family Leave please dial 888-778-9234, thank you.

**Welcome. To continue, please make sure you have the following information:**

1. Information to identify yourself (may include your Social Security number or other ID as required by your employer)
2. Claim or leave information, including reason and dates of medical or other authorized events
3. Physician or hospital contact information (if available)

NOTE: For added security, your session will automatically time-out following 15 minutes of inactivity to protect your personal information.

[Start >](#)

# About You Page

The About You page gathers specific information about you, including your social security number or employee ID, your address, and contact information. All fields are required unless noted "optional".

NOTE: If your employer provides some information to us, you may utilize the Find My Information functionality. Simply enter your social security number or employee ID, then select **Find My Information** to pre-populate some of the basic information.

Once all information is entered, select **Continue** to provide information about your absence.

### Report a Claim or Leave of Absence Get Help

Progress: Get Started About You About Your Absence Review

#### Find My Information

Enter your Identification Number below, then select the "Find My Information" button and we'll populate the page with the information we have on file.

Employee ID

Social Security Number

#### Personal Information

First Name  ✓

Middle Initial  (optional)

Last Name

Date of Birth

Gender  Female  Male

#### Residential Information

Country  ✓

Residential Address 1

Residential Address 2  (optional)

Residential City

Residential State

Postal Code

#### Preferred Contact Information

Personal Phone

Personal Email

Preferred method for non-confidential correspondence  Email  Fax  Mail ✓

#### Primary Work Location

Country of Employment  ✓

State of Employment

**NOTE:** All required fields must be provided in order to continue to the next page. You may 'Save for Later' if desired.

## About Your Absence Page

On the About Your Absence page, enter the appropriate claim or leave of absence information. The questions will be dynamically presented based on your answers to the questions.

Click **Continue** to navigate to the 'Medical Contacts' page (if applicable). If it is not applicable, you will navigate to the 'Review' page.

### Report a Claim or Leave of Absence Get Help

**Tell us about your absence**

Will you be out for at least 3 consecutive days?

Yes  No

[← Go Back](#) [Delete Application](#) [Save for Later](#) [Continue >](#)

## Medical Contacts Page

The Medical Contacts page only appears if you are out for a medical condition. Although the information on this page is not required, we request that this information is filled in if available, especially if the claim or leave concerns an injury or illness.

Click **Continue** to navigate to the 'Review' page.

### Report a Claim or Leave of Absence

**Where did you get assistance?**

Please provide us with the contact information for your physician to help expedite the processing of your absence request. While we do not require this information for purposes of reporting your absence, providing it now will help expedite the determination process.

Physician's First Name  (optional)

Physician's Last Name  (optional)

Physician's Phone Number  (###) ###-#### (optional)

[BACK](#) [DELETE APPLICATION](#) [SAVE FOR LATER](#) [CONTINUE](#)

# Review Page

The Review page provides the ability to review the application before submission. If any changes are required, click on the 'Edit' link for the section that needs an update. You will then be navigated to the appropriate page for edits.

If you have any documentation to provide at this time, use the Upload Document option below to upload up to ten documents to the claim or leave.

Once all information is verified, select **Submit** to complete and send the application.

## Report a Claim [Get Help](#)

Get Started    About You    About Your Absence    Medical Contacts    Review

### Review

Please review the information below for accuracy before submitting your absence. To make any changes, select "Edit" to return to the appropriate section.

**About You** [Edit](#)

<b>Associate ID:</b> 123456	<b>Residential Address 1:</b> 100 Main Street
<b>First Name:</b> Michelle	<b>Residential Address 2:</b>
<b>Middle Initial:</b>	<b>Residential City:</b> Anytown
<b>Last Name:</b> Roberts	<b>Residential State:</b> New Hampshire
<b>Gender:</b> Female	<b>Country:</b> United States
<b>Date of Birth:</b> 10/01/1968	<b>Postal Code:</b> 03820
<b>Personal Phone:</b> 6035551212	<b>Country of Employment:</b> United States
<b>Personal Email:</b> MRoberts@myemail.com	<b>State of Employment:</b> New Hampshire

**Preferred method for non-confidential correspondence:** Email

**About Your Absence** [Edit](#)

**Medical Contacts** [Edit](#)

**Upload Documents**

Please upload any available documentation related to the absence being requested.

When uploading documents, you are responsible for maintaining a copy of all documents provided to Lincoln Financial Group. A maximum of ten documents may be uploaded.

[Choose File](#)

[Upload Document](#)

### Fraud Statement For Your Jurisdiction

Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, submits an application or files a statement of claim containing any false, incomplete or misleading information commits a fraudulent insurance act and may be subject to criminal or civil penalties.

Use back button below to review the information in this online form.

[Go Back](#)[Delete Application](#)[Save for Later](#)[Submit](#)

# Confirmation Page

Once the claim or leave has been submitted successfully, the 'Confirmation Page' will display detailing the time and date of the submission, the claim or leave number, and other relevant information regarding your submission.

Select **View Submission** to view a submission page, summarizing the claim or leave request. The View Submission page can be printed for your records by clicking on the printer icon.

If your employer allows automated messages regarding your claim or leave, a 'Communications Preferences' button will appear. Select **Communication Preferences** to set your personal preferences.

### Confirmation

Claim number: 1877436  
Submitted on: 10/19/2018 at 11:40 AM ET

Thank You! You have successfully submitted a claim, and a coordinated leave has been requested. If you have not already done so, please contact your supervisor to inform them you will be out of work.

**A message from your employer:**  
This is a message from your employer with information regarding next steps.

#### Your Next Steps

- You may review and print a copy of your submission.  
[View & Print Submission](#)
- Please read and sign the Medical Authorization Form , and give the signed form to your treating physician if you haven't already done so. This signed form allows your physician to confirm your medical condition, which is an important step in the process.  
[Medical Authorization Form](#)
- Update your communication preferences to get automated messages regarding your claim or leave. All communication will be sent in English.  
[Communication Preferences](#)

**Our Next Steps**  
If your absence began today or earlier, we will contact you within 3 business days. Otherwise, we will contact you within 2 business days following the date of your first absence.

**Questions**

- If you have questions about the claims or leave process or next steps, please review [Questions and Answers](#).
- You can access up-to-date information about your claim or leave via:
  - Online:** Access the "View Status" button in your employee experience. Please allow 24-48 hours before checking on your status.
  - Mobile:** Visit [www.MyLincolnPortal.com](http://www.MyLincolnPortal.com) on your mobile device and access the "View Status" button. Please allow 24-48 hours from the time reported before checking on your status.
  - Phone:** Call the Lincoln Financial Group Claim Services Office directly at 1 800-123-1234 or Leave Services Office directly at 1 888-685-1372. Remember we will contact you after your disability begins so you'll have an opportunity to ask questions and receive information at that time.

# Questions

If you have technical questions, please contact our Call Center at 1-800-431-2958. Approved insurance coverage will be administered in accordance with your employer's benefit plan.