

SHORT-TERM DISABILITY

How to file your short-term disability claim

If you are going to be out of work – or are already out of work – due to an illness or injury, you may be eligible to receive short-term disability benefits. Here is some helpful information to get your claim started:

What we may need...

... from you

- **HIPAA Authorization form.** This form allows for the release and disclosure of information about you that we may need to evaluate your claim. For example, it allows us to obtain your medical records if we need them. If you do not complete the applicable HIPAA Authorization form, you will be responsible for obtaining any additional medical information we might need to process your claim.
- **Car accident report.** If your disability is a result of a car accident, you will need to provide the police report from the accident.

... from your doctor

- **Attending Physician's Statement (APS).** This form provides us with specific medical information about your condition and expected recovery.
- **Medical notes or test results.** Notes and results related to your condition may help us make the most informed decision.
- **Treatment notes.** These are notes from your doctor or any other treating provider (such as a counselor or therapist if your claim is due to a psychiatric condition).

Filing your claim by phone

Step 1.

Contact your Benefits Administrator to report your disability and check whether you are insured under the policy and eligible to file a claim for short-term disability benefits.

Step 2.

Call our toll-free number at Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET.

A client service specialist will ask you a series of questions relating to your occupation and disabling illness or injury. You will also be asked how you would like to receive the HIPAA Authorization form.

Use the following checklist to help you be prepared to provide information and answer questions regarding the cause of your disability.

Diagnosis information

- Doctor's name
- Doctor's phone #
- Doctor's fax #
- First date of treatment for diagnosis
- The type of treatment you are receiving
- Last day of work

If applicable

- Hospital admittance date
- Hospital discharge date
- Date of surgery
- Type of surgery
- Source of other income
- Date of other income
- Amount of other income

Step 3.

To process your request for benefits, an Attending Physician Statement (APS) will be requested from your treating physician. Sun Life will provide an APS to your doctor. Your claim cannot be processed until your doctor completes and returns this form. Please follow up with your doctor to ensure they submit the completed form to Sun Life. They can submit it electronically through DocuSign or by faxing it to Sun Life at 781-304-5599.

Step 4.

For Sun Life to obtain any additional medical information on your behalf, you must complete the HIPAA Authorization form sent to you. You can complete it electronically through your Sun Life account or you can make a copy of the completed Authorization form(s) and submit it to Sun Life.

Electronically:

1. Visit <http://www.sunlife.com/account>
2. From the home page, click on *View claim status*
3. Click your claim to view
4. Click on the *I'd like to...* drop down located on the upper right and select *Provide HIPAA authorization*

Email:

myclaimdocuments@sunlife.com

Fax:

781-304- 5599

Mail:

Sun Life
Group STD Claims
P.O. Box 81915
Wellesley Hills, MA 02481

What can I expect from Sun Life?

We'll do an initial assessment

As soon as we receive your completed Employee's Statement and Attending Physician's Statement, we will consider a number of different factors when assessing your claim, including policy eligibility requirements, your job requirements, your medical information, and how your illness or injury affects your ability to perform your job. As part of the review, we may ask you, your doctor, or your employer for more information.

We'll let you know the status

Upon review of your claim, we will update the status of your claim to pending, approved, or denied. Here's what each of those mean:

- **Pending.** For some claims, we may determine that we don't have enough information to make a proper decision. If this is the case, we try to get the additional information we need as quickly as possible. We will let you know as soon as we determine that more information is needed.
- **Approved.** We determine that part of your claim or your entire claim is approved according to your employer's short-term disability plan. We will call you to notify you that we have approved your claim.

Please note: If your claim is approved and you provide an estimated or actual return-to-work date, the online status will change from "Approved" to "Closed. The claimant has or will have returned to work." This status means that you will receive payments until the anticipated return-to-work date shown online.

- **Denied.** If we determine that your claim is not approved, we will notify you in writing and provide the reasons for our decision. If you do not agree with our decision, there is an appeal process in place.

You can check your claim status, view payment status, or see if there are messages posted about your claim by logging into www.sunlife.com/account and clicking on *View claim status*.

After you have initiated your claim, all inquiries or follow-up questions can be directed to our short-term disability client service number at Monday through Friday, from 8 a.m. to 8 p.m. ET.

1. If in New York, browse the list under "Employee benefits forms if located within New York."

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI). Product offerings may not be available in all states and may vary depending on state laws and regulations.

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