



Drexel University
Guardian Plan number 518932

Guardian FML / Short Term Disability Claim Filing

Drexel University has partnered with Guardian for short-term disability and absence administration. To simplify claim filing, our telephonic service offers you the option of initiating your FML / STD claim by simply picking up the telephone.

How do I file my claim?

- Drexel requires that you contact Guardian if your leave of absence will be for a period of **3 or more days**.
- This Instruction and Authorization form is your guide to initiating your FML / Short Term disability claim.
- Call the Intake Center toll-free number, **1-888-889-2953**, Monday-Friday between 7:00 a.m. – 7:00 p.m. (CST), **or** you may file your leave online by clicking on the Leave of Absence link, found on the Employee tab in DrexelOne.
- An Intake Specialist will ask you for several pieces of information and will begin the filing process of your claim. If your absence is related to a disability event, you simply need to call one number to initiate **both** your FML/STD claim.

Next, ONLY if your absence is related to Short Term disability, provide authorization to your physician(s).

- Your signature below also serves as an authorization for Guardian to obtain medical information from your physician(s) telephonically for short term disability claims.
- **It is extremely important that you take your *signed authorization* to your physician's office and ask your physician to retain a copy of the form in your medical file.**
- Advise your physician that a representative from Guardian will be contacting him or her in the near future to obtain medical information.
- **Note: Your physician should be advised that their failure to supply this medical information to Guardian may cause undue delays in the processing of your short-term disability claim. If we experience a delay with obtaining medical information, our Medical Specialist will contact you for assistance.**

AUTHORIZATION – please read and sign/date below. Please provide a copy to your treating physician.

In order to determine if disability benefits are payable, Guardian requires your authorization for the release of medical information pertaining to your claim. Please authorize the release of this information by signing below and ask your physician(s) to retain a photo-copy of this authorization in your patient file. Please complete any other authorizations your physician requires to allow release of medical information to Guardian. You should also advise your physician that a Guardian Representative will be calling shortly to obtain the needed information. **Please retain your original authorization in the event that it is needed in the future.**

I authorize my physician and/or medical provider to disclose to Guardian any information regarding my diagnosis, treatment, disability status and medical history.

Employee Name – First, Last Name (please print)

Employee/Patient Signature

Date