

## Welcome to Broadspire<sup>®</sup>! We are committed to providing responsive claim services.

## How do I apply for a Leave of Absence/Disability claim?

You must notify Broadspire of the need for leave as soon as possible no more than 30 days after the need for leave is known at (877) 542-2158. A claims intake specialist will take your information and initiate the disability/leave process for you.

For intermittent leaves, you should notify Broadspire within 2 (two) days of the absence date at (877) 542-2158.

## Do I have to file a separate claim for Leave and Disability?

If the reason you need to be out is due to your own illness/injury, you may be eligible for both leave and disability benefits. During your initial call with Broadspire, they will make this determination based on eligibility and the information you provide.

### What if I am not able to call my Leave of Absence into Broadspire?

You can have your family member or personal legal representative report the time off to Broadspire if you are not able to make the call.

## What will I need to submit for proof of my need for a Leave/Disability claim?

Within two (2) business days from the date you report your claim to Broadspire, you will be emailed or mailed a packet with any required forms to be completed. A leave packet can also be emailed to you upon request to your Broadspire case manager. For a disability claim for your own serious health condition, Broadspire may contact your physician on your behalf to request any necessary paperwork. You are still responsible for ensuring that Broadspire has all necessary paperwork from your physician.

## Where do I need to submit my documentation/completed paperwork to?

You can send it via fax, upload, or mail:

Fax number: 770-723-8584

Upload at <a href="leavetech.my.site.com/connect/login">leavetech.my.site.com/connect/login</a>

Mail: Broadspire Disability & Leave Management

NW 136th Ave, Sunrise, FL 33323

## How long will I have to submit any necessary paperwork after I report my claim?

You will have 15 calendar days to submit any necessary paperwork.

#### What if my doctor does not fill out the paperwork in time?

It is still critical to have your doctor submit the paperwork on time; if appropriate and complete paperwork is not received on time, your claim will be denied. Upon receipt of the appropriate and complete paperwork, Broadspire will review it to determine if it changes the original decision.

#### How long will it take to approve/deny my claim?

Once your claim is filed, a Broadspire claims representative will reach out to you within 2 business days. They will explain the claims process and what information is required. Once Broadspire has all the requested information, they will make a claim determination within 5 business days.





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#### How do I reach my Broadspire Specialist?

Direct contact information for your assigned Specialist can be found within the signature line of your initial leave packet sent directly from Broadspire.

## How Does ZOLL Medical's Short-Term Disability (STD) plan work?

ZOLL Medical's disability plan provides partial income replacement up to 60% of your regular weekly pay. The plan includes a 13-day unpaid elimination period and benefits will begin paying on day 14 once your claim is approved.

#### What is my regular rate of pay?

Your gross weekly income in effect just prior to your date of disability/leave start date, commissions included. It does not include income bonuses or overtime.

## What if I live in a state that provides statutory benefits?

Broadspire will direct you on how to apply.

#### How do I receive payments approved by Broadspire?

ZOLL Medical pays benefits through their bi-weekly payroll, except for ZOLL Rhode Island Employees who receive a weekly benefit. Your payments will be issued once the claim has been approved and

transmitted to ZOLL Medical. Keep in mind that this can be delayed based on when paperwork is received and the payroll processing date.

## What if Broadspire does not approve my Leave of Absence/Disability claim?

You can contact Broadspire to discuss the decision on your claim. Depending upon the reason for the denial, you may need to do further follow-up with your physician.

## What if I am out of work longer than the maximum benefit duration of my Short-Term Disability plan?

ZOLL Medical provides eligible employees with Long Term Disability coverage through New York Life. Your claim for Long Term Disability benefits is administered and decisioned by New York Life and you will be required to participate in New York Life's claims process. Broadspire will notify New York Life regarding your potential LTD claim.

## What shall I do if my leave is related to an injury that happened while working?

If your leave of absence is due to an injury that happened on the job, you must report the injury to your local Human Resource department.

## What if I need to take additional time off after I have been approved for my original leave request?

You should contact Broadspire to request an extension to your leave or disability claim. Your doctor may be required to provide updated supporting medical documentation to Broadspire to review.



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If my physician or family members physician indicates that I need to be off work intermittently, what do I do? You would follow the same leave and claim initiation process and contact Broadspire to request an intermittent leave of absence by calling (877) 542-2158. They will send the appropriate paperwork to be completed by the physician's office.

## If I am approved for intermittent leave, do I report absences to Broadspire or ZOLL Medical?

All intermittent absences must be reported to both Broadspire and ZOLL Medical as soon as possible. When possible, absences should be reported in advance if known.

## What if I take time excess of the frequency and duration on my original medical certification form as approved by Broadspire?

Broadspire may require you to re-certify your leave by sending you additional paperwork indicating why they are requesting re-certification. If you are requested to re-certify, you would be required to have your physician fill out new leave certification paperwork similar to when you initially requested a leave.

## What do I do if I'm approved for intermittent FMLA and would like to take Paid Time Off (PTO)?

You are required to use available accrued paid time while taking FMLA leave. In order to use paid time for FMLA leave, employees must comply with the ZOLL Medical normal paid time off policies.

#### How much intermittent time do I get?

If eligible, FMLA provides up to 12 weeks of time within a rolling 12-month period. Broadspire will determine your eligibility and how much entitlement you have available when you request a leave.



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#### Coverage

Disability income protection insurance provides a benefit for "short term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

#### Eligibility

Each active, Full-time Employee, except any person employed on a temporary or seasonal Basis, working 30+hours per week.

#### **Waiting Period**

You are eligible for Short Term Disability on the first day of employment. For your coverage to become effective, you must be actively at work on the effective date of the plan.

#### **Benefit Amount**

The weekly benefit is an amount equal to 60% of covered earnings, with a minimum benefit of \$25.00 weekly up to a maximum benefit of \$1,500 per week.

#### STD Elimination Period

Injury (accident) and Sickness (illness): benefits begin on the 14th consecutive day of disability; or the day following the number of accumulated sick days applicable to the employee.

#### Contributions

Coverage is employer paid.

#### **Maximum Benefit Duration**

Benefits for one period of disability,13 days Elimination Period is excluded, then benefits paid up to a maximum of 11 weeks.

#### **Disability Definition**

Unable to do the material duties of his/her job

#### STD Benefit Exclusions

Weekly Income Benefits are not paid for any period of disability:

- (1) caused or contributed to by an intentionally self-inflicted Injury; or
- (2) caused or contributed to by an act of war, declared or undeclared; or
- (3) caused by an Injury or Sickness that occurs while the Insured is confined to any penal or correctional institution: or
- (4) while the Insured is confined in any penal or correctional institution; or
- (5) caused or contributed to by the Insured committing a felony; or
- (6) caused or contributed to by Sickness which is covered by a Workers' Compensation Act, or other worker's disability law; or
- (7) caused or contributed to by Injury which occurs out of or in the course of work for wage or profit

For a comprehensive list of exclusions, limitations, and any applicable benefit STD benefit reductions please refer to the Certificate of Insurance.